### STATE OF MARYLAND

3	5	2	6	5	8	2
	DEC NO		- 17		-	********

3. SEX	Agatha	Elizabeth	Adams	26 DATE OF DEATH MONTH	
3. SEX	Agatha		Adams	9	11 05 1.20%
7a. BIRTI		4 RACE			11 85 1:30A.M
25 COL	ETERANT ID		5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
5 COL	FEMALE	WHITE		)5 80 v	'RS
A 34	HPLACE (STATE OF FUNDAMENTAL)	TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	BALTIMORE CITY OR COL	JNTY OF DEATH
	cyland	U.S.A.	WIDOWED X DIVORCE		
0 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	ON 12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY Self
	ASTON	615 Elwood Ave		Restaurant	Employed
IJSUAL IJE STA	RESIDENCE (IF NURS	OTHER INSTITUTION GIVE RESIDENCE BEFORE		AITS? 13e STREET ADDRESS / ZIP (	CODE
	ryland	Baltimor			n Ave. 21229
PEATH	HER'S NAME FIRST	AIDDLE LAST	15 MOTHER'S MAIL	DEN NAME	LAST
OV.	Stanley	Benesu		zabeth	Unknown
	S DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
4	NO	218-46-	6433 George P.	Adams 4704 Edmon	
1	PART I, DEATH WAS CAUSED	y one couse per line for 10, 11 an	dici. 1	- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CAUSE (o) KLS	pereting 1	Reliefe	15 may
		DUE TO, OR AS A SONSEOU	NCE OF O	1-1	1/
	Conditions, if ony, which gove rise to immediate	( 1b) Chrr	me Costrue	true heling I KK	ase you
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	ENCE OF		
	ART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO TH	HE TERMINAL DISSASE OR CONDITION	N GIVEN IN PART 110
Į į L	(	Plapron	Ly Thos	colum	
CERTIFICATION 61	DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
W 7	10 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	210 HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2}
/   N	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
MEDICAL	1d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE TWORK	TAT HOME STREET PACTORY OFFICE P	ARM CIC)	01/ 0).	0.
2	20.1 certify that (I) (this haspit	ol) attended the deceased from	- 1/6/ 19.	84 to 11 10	, 19, that (I) (we) last
	sow the deceased alive on above, (1) (we) (did) (did not	View the hady after death	and that in (my) (our)	opinion death occurred on the date and	d hour and from the couses stated
2	26 SIGNATURE	111 10	DEGREE		220. DATE SIGNED
	N. M	DWood)_	140 ATTENI		9/11/80
1 2	24. PHYSICIAN'S NAME (TYPE OF	Wood	220 ADDRESS	JON, ond	
23a BUF	RIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMA	ATORY 234 LOCATION	
23a BUF	ECIFY)			CITY OR TOWN	COUNTY STATE Maryland
(SPE	RIAL, CREMATION, REMOVAL ECIFY)  Burial  ERAL DIRECTOR  NAME		st Holy Redeeme	CITY OR TOWN	Maryland



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

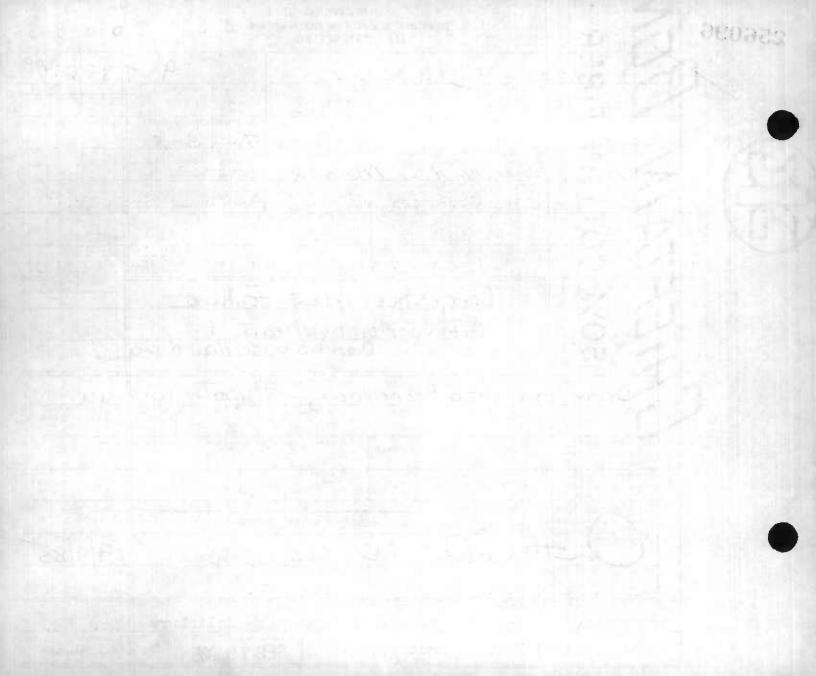
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28 ATENDING PHYSICIAN. The law requires that the death centiliate be executed within 24 boars after death. Nouprial or attending physician	DRECTOR, After this centicate has been signed by the attending physician and completely littled weby, the funeral been to as the burnel-transf permit. They please remove conbourablests Pages Legid 2 should be filled within 22 has
7 6	164
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(VRA 15, 4)

	PREZ MARY Anderson							20	DATE OF DEATH	9.	7.85	6:498
1.567			RACE	1	5. DATE C			6 /	AGE (IN YEARS LAST	BIRTHDAY	MONTHS DATE	IF UNDER 24 HRS
3	female		caucas	sian	MONTH	12	03		82	YRS	MONTHS DATS	HOURS MIN.
70 BI	RTHPLACE (STATE OR F	OREIGN :	b. CITIZEN OF		RY? 8			9 6	BALTIMORE CITY		Y OF DEATH	,
W	isconsin	2377	USA	00.18	WIDOWE	DX	DIVORCED		TALE	07		MD.
0. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NUI	RSING HOME C	ROTHER	NSTITUTION		VPE OF WORK FOR MOS			F BUSINESS OR
40	ASTON		かんん!	AM H	166 /	MA.	NOR		Housewi			0-0
130 5	al residence (IF NURSI STATE lorida	131 COUN		13c CITY OR T		13d INSIC	E CITY LIMITS	5? 23	STREET ADDRESS	er Ci	rcle D	r./3371
14. FA	THER'S NAME		NDDLE	LAST		15 MOTH	ER'S MAIDEN		MIDDLE		146	7
	John		noore .	Lindb	erg	Be	rtha		MIDDLE		Hartn	ian
	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL S	ECURITY NO	17 INFO	MANT		ADD	RERt.	Box 1	19
N	O OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	356-1	8-2725	Nan	cy I.	Sc	holley	Oxfo	ord, Md	1.21654
	18 CAUSE OF DEATH	H (Enter onl	y one couse per	line for (a), (b)	, and (c).1	1	1	_	7 1		APPROX BETWEEN	MATE INTERVAL
6	PART I. DEATH W		BY.	onge	stue	fle	ant	to	Tulles	)		
1. 1	Conditions, if any, gove rise to imm cause (a), stating underlying cause	nediote g the	(b)_1	AS A CONSE R AS A CONSE	105CL	car	dio	ear vas	T + scular	dise	ace	
z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELA	TED TO THE T	ERMINA	L DISEASE OF CO	INDITION G	IVEN IN PART TO	0
ATIO	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATIO	WAS PE	REDRINED	1/	200 AUTOPSY?	/20b IF Y	ES, WERE FINDIN	NGS USED
CERTIFICATION								31	YES X NO		IFYING CAUSES	OF DEATH?
	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAL	HOUR A.	M. MONTH	DAY YEAR	21c. HOV	V INJURY OC	CURRED	(ENTER NATURE OF IN	IJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	TI INJURY OCCURR	RED	21e PLACE			211 LOC.	ATION	M	CITY OR	TOWN	COUNTY	STATE
	220 I certify that (I)	(this hospit	al) ottended the	e deceased fro	ım		19		, to		19	that (I) (we) last
-	say the delease above, (1) (wa) (d	ed alive on	view the body	after death	9 on	d that in (	my) (our) opii	nian deat	th accurred on the	date and he	our and from the	couses stated
	226 AIGNATURE	4	L /	1	- 4	DEGREE					22c. DA E	SIGNED
	( sh	-1	164	est	M	D	PHYSICIA		MEDICAL ST	AFF SICIAN [	1910	7185
	22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT			22e ADD						., 0 0
	Ann H. V	Webb,	M.D.			Ea	ston,	Md	•			
	BURIAL, CREMATION,	REMOVAL	23b. DATE		3c. NAME OF C	EMETERY	OR CREMATO	RY	23d. LOCATION		COUNTY	STATE
C	remation		9-9-8	35	Salisb	ury	Crema	tor	y Salis	bury	Wic.	Md.
	ewnam Fu	neral	Home	TO B	ston,	Md.	25a.	DATE RE	C'D. BY REGISTRA	1 / 0	Davidson	-
LA	CWILCHIE I U	us			,			SEL	1 U 1905	- Inde	war Intooher	- Independent



FOR

- STATE

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

2 8	5 5	ड
Day	VEAR	Tal HOUR

REGISTRAR L DECEASED NAME 20 DATE OF DEATH MONTH LITYPE OR PRINTS DAVID MYNAR 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH DAY5 MALE CAUC. MARCH 2. 1914 To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LIVE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cas Tol PAINTING CONTRACTOR JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21.663 MICHAELS ES X NO 13e.STREET ADDRESS / ZIP CODE 108 E. CHESTNUT ST. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE CARRIE STRANAHAN DAVID EDWARD BAYNARD ADDIE 08 E. CHESTNUT ST. IAN WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT 228-16-9889 BAYNARD ST. IL CAUSE OF DEATH Enter only one course peryline. le PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE IO

Conditions, if any, which gove rise to immediate coule in stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To

DUE TO, OR AS CONSEQUENCE OF

THE CONDITION FOR WHICH OPERATION WAS PERFORMED.

70m AUTOPSY? 10s. IF YES, WERE FINDINGS USED.

THE DATE OF OPERATION

THE ACCIDENT WAS UNDERLYING [

DECONTRIBUTING [ ] CAUSE OF DEATH

IN EITHER, NOTH'S MEDICAL EXAMINERS 21d. INJURY OCCURRED

O SOLVENIE D

21s. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

THE HOW INJURY OCCURRED. (INTERNATIVE OF INCIDENTALIZED IN THE TART I GRYANT D

THE PLACE OF INJURY OF HOME STREET EACTIONS OFFICE FARM STC I

211 LOCATION

STARK

IN CERTIFYING CAUSES OF DEATH

COUNTY

YES T

22s. L certify hhat ()

TTe: ADDRESS

DEGREE

ATTENDING MEDICAL STAFF

and that in (wy) (and) opimen death occurred on the date and hour and from the cases stated

TO DATE SIGNED

Lane Wroth, M.D.

St. MIchaels, Md. 21663

230 BURIAL EREMATION, REMOVAL BURIAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 1985 OLIVET CEMETERY ST.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

14-FUNERAL DIRECTOR

MICHAELS.

. A. C. WILLIAM STREET

THE PORTER OF THE PROPERTY AND A SHEARCH TO TONIAN - BRAIN AND

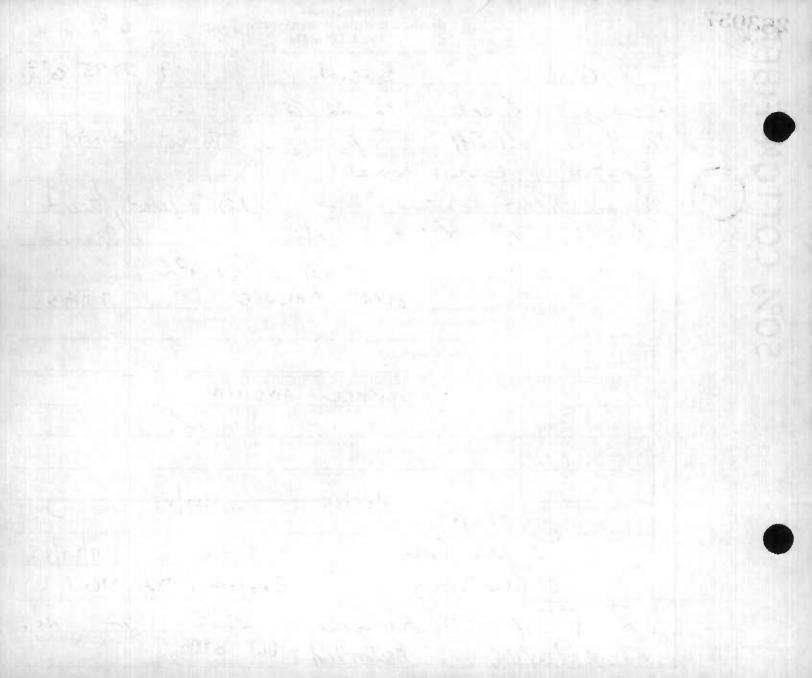
MAHAMARTS SIRRAD LHANYAS USANDE GIVAG

YES PAIT 220-15-9009 ALLAN, MAINARY II. ATTOMATISM OF

The state of the s

BURIAL LIFT. DA. 1985 CLIVET GENETERY ST. AICHARDS, TALLEGT AND

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28303	1-	FOR STATE REGISTRAR	DEP		LTH AND MENTAL I	HYGIENE 🖔	REG. NO.	6 6	0 8 5
		EASED NAME FIRST	WIDDLE	LAST	,	2a, DATE C		DAY YE	
by be 3 depth		Glade	S	Den'	50N		9		35 63 AM
e 4 mp	3. SEX	male -	& Pack	5. DATE OF B	DAY 192	2 6. AGE (IN	YEARS LAST BIRTHDAY)		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
of 1 /4 (1)	7a Bi	OUNTRY)	76 CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMO	ORE CITY OR COU		н
deoth deoth	9	w goel	4.5.4	WIDOWED	DIVORCED	The second second	Talbot	Cou	NTY MD
- J. J. S.	AR.C	Easton	11. NAME OF HOSPITAL, N HE NOT IN SUCH FACILITY, GIVE	URSING HOME OF C STREET ADDRESS)	. 1		OCCUPATION RK FOR MOST OF WORKIN		ND OF BUSINESS OR
So of the 20	ÚSU/ 13a. S	L RESIDENCE HE AURSING HOME OF	POTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	d. INSIDE CITY LIMITS	2 13. STREET	ADDRESS / ZIP C	ODE 2	1901
2 2 2	1/	auxan Tal	bot East	por Y	ES NO	123	5.10	est s	tuck
	14. FA	THERE NAME FIRST	MIDDLE A	Lecto "	MOTHER'S MAIDEN	NAME	MIDDLE	H	Ceene
satimore, martiano 2120 core be executed within 24 hours spers. Pages and 2 hours wol. it, the medical examination		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO. 17	INFORMANT	Mus	ADDRESS (L.FL)		MEANUS!
rificate b physicia poppers, movol.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	D BY:	by and ich	THAIL	URE		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ding		IMMEDIA	TE CAUSE (a) DUE TO, OR AS A CONS	SEQUENCE OF					0.17
r traumo	15	Conditions, if any, which	(b)	SEGOETHEE OF					
Se rite		gave rise to immediate cause (a), stating the underlying cause fast.	DUE TO, OR AS A CONS	SEQUENCE OF					
quires the signed keep plea to burnal.	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	S EV D		ERMINAL DISEA		GIVEN IN PAI	RÎ lia
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b arked or frem 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	() ( )		20a AUT	OPSY? 20b. II	RTIFYING CA	INDINGS USED USES OF DEATH?
TTAL  The sicion of the house property years is shown	ERTI	710 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	2	It. HOW INJURY OC	YES	NO INJURY IN ITEM	YES	NO 🗍
CLAN: physical physic		OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
HYSh nding his ce buri	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21	IF LOCATION		CITY OR TOWN	COUN	TY STATE
offer the hone	×	AT WORK AT WORK	TAT HOME STREET, PACTORY, C	PETICE PARM ETC	-1		al		
TTENDIN pital or TOR. Af for use of Healt		220 1 certify that (1) (this hasp saw the deceased alive of	attended the deceased of the property of the body offer death.		hat in (my) aur) apir	nion death accurr	ed an the date and	haur and from	n the causes stated
1 OR A the hos toched toched e Dept.	M	22b. SIGNATURE	- 100 - R	. DEC	GREE ATTENDIN PHYSICIA		STAFF	224 [	DATE SIGNED
HOSPITAL ined by th FUNERAL uld be dete		228. PHYSICIAN'S NAME ITYPE	OR PRINT)	n/ 27	2e ADDRESS	N G DIRECTOR	PHISICIAN	1 21	601.
TO HOSE retained TO FUN should b with the IMPORTA	22- 0	URIAL	Top DATE	122 NAME OF CELL	ETERY OR CREMATO	122 LOC	ATION	1 1011	501.
BP		URIAL, CHIMATION REMOVAL	10-01-85	Richa	rolser	Elis	stor	TA	mo
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	Region An	hell ADD	RESS Bastor	M/ 25a	DATE REC'D BY	PEGISTRAR 25b. RE	GISTRAB'S SIS	BYBIYPENdame



### STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 DAY

5. DATE OF BIRTH

WIDOWED

REG. NO 20 DATE OF DEATH MONTH 26 HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 66

1919 BALTIMORE CITY OR COUNTY OF DEATH

MARRIED X NEVER MARRIED DIVORCED

12ª USUAL OCCUPATION

Inspector

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Poultry Plant

EMORIAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13e STREET ADDRESS / ZIP CODE Rt.1Box 57/21625 15. MOTHER'S MAIDEN NAME

Anna

17 INFORMANT

MYOMARIAL

Elliott **ADDRESS** 

16h SOCIAL SECURITY NO

Cordova

LAST

213-24-2191 Harry Berner

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF SIEVERE OUTONATRY ART APPRETE IN SOLETIOSI

20n AUTOPSY?

NO [

STATE

190.	DATE OF	OPERATION	
5			
210	ACCIDENT	WAS UNDERLYING	Г

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

ANNA BELL LOUISE

USA

Talbot

unknown

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one cause per line for (a), Jb), and (c)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

CAUCASIAN

76 CITIZEN OF WHAT COUNTRY?

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an

27K SIGNATERS

- STATE

TYPE ON HEAVY

1 5FX

GECEASED NAME

FEMALE.

EASTON

Marvland

Maryland 4 FATHER'S NAME

NO

BINTHPLACE (STATE OR FOREIGN

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

23b DATE

9-10-85

21f LOCATION

STREET

COUNTY

28h, IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

22d. PHYSICIAN'S NAME

DEGREE

ATTENDING PHYSICIAN

STAFF MEDICAL DIRECTOR PHYSICIAN

CITY OF TOWN

22c DATE SIGNED

22 ADDRESS

Spring Hill

23c NAME OF CEMETERY OR CREMATORY

230 BURIAL CREMATION REMOVAL Burial

24 FUNERAL DIRECTOR

Talbot Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

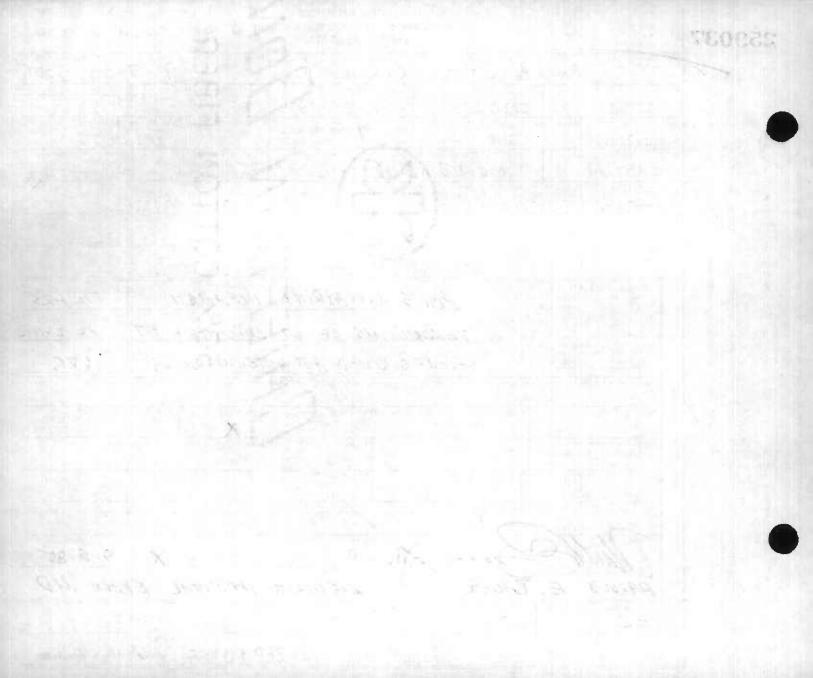
Newnam Funeral Home

Easton. Md.

CITY OR TOWN

Easton

12 Bardin



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 276010 1. DECEASED NAME Clinton 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 3 SEX 4 RACE 6 AGE IN YEARS DATE LAST BIRTHDAY PRONOUNCED 4. 1948 37 Feb. Male White DEAD TA BIRTHPLACE (STATE OR RALTIMORE CITY OR COUN MARRIED NEVER MARRIED FOREIGN COUNTRY) Maine WIDOWED [ O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Machinery Mechanic Hospital Maintenance 130 STREET ADDRESS Carmichael Road, 13a STATE 13b COUNTY Centreville P.O. Box 425. 21617 Maryland Queen Anne's IS MOTHER'S MAIDEN NAME MIDDLE O'Brian Arlene Herbert Boone June ADDRESR . D. 2. Box 47 Father Boone, Queenstown, Md. 21658 18 CAUSE OF DEATH (Enter only one couse pe BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ 21g. EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE PAGE 4 SHOULD BE FOKW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2 22a. I certify that the remains described above, held an deoth resulted SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM St. Michaels, Md. 21663 R. Lane Wroth, M.D. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION STATE Sep. 28, 1985 Chesterfield Cemetery 07/B4 Centreville 25M James H. Barton. Jr. **DHMH - 17** Centreville, Md. Barton Funeral Home (VR A15 ME (5))

27356 lake twinter trop. P. Lyne 37 different of tool and amount of the control pilling in \_\_\_\_\_verse\_\_ big\_lester | 1 | 4077 | \_\_\_\_\_tations | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 1007 | 10

	1	FOR		OF HEALTH AND MENTAL	HYGIENE				
- STATE				MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
(19)	_	REGISTRAR FIRST	MEDICAL EXAM	MINER 3 CERTIFICATE	WE C	5. NO.			
×262000		E CR PRINT)		LAST	20 DATE KNOW OF ESTI-		DAY YEAR	26 HOUR	
263026		Carol		Brice	DEATH MATE	-1	6/ 19 85	M	
第25年支援	3, SE7	4. RACE		(IN YEARS IF UNDER 1 YR. IF UNDI	ER 24 HRS. 2c. DATE MIN. PRONOUNCED	нтиом	DAY YEAR	12:47	
2 2555	Fee	male Black	02 28 56 2	7 YRS.	DEAD	9/	6/ 19 85	AM	
の		RTHPLACE UNAILOR	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH		
品売の音楽	12	land land	115A	WIDOWED DIVOR		Country		440	
Z Z W S	€0. C	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION	(TYPE OF WORK	126. KIND OF BU	JSINESS	
\$1918 / V	1	Factor	Memorial Hospital	RESS)	FOR MOST OF WORKING LIFE	1/2	OR INDUST	RY	
85 - 88 A	USUZ	Easton  L RESIDENCE LIF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL		10013e 1419	1	711	11	
8 29 58		LATE / / 13b, COLIN		WN 13d. INSIDE CITY LIMITS?		7 . 19	12/10		
H 13 0 2 7	1	garyland 191	bat Egston	YES YES NO		101.67	DH		
B 1-20-1	14.5	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAI	DEN NAME	11	LAST		
# \$10°23	1 2	KOYCE	brice			5/9	45 the	-	
S S S S S S S S S S S S S S S S S S S	16e. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	11 ADD	RESS			
SANTAR A		NIA	14	Ladin	Naunther				
SHOW TO NOT NOT NOT NOT NOT NOT NOT NOT NOT		18. CAUSE OF DEATH (Enter of	ly one couse per line far (o), (b), and (c	).)			APPROXIMAT		
TE NEW TEN		PART I DEATH WAS CAUSE	D BY:	Multiple Stab Wo	unds		BETWEEN ONSE	I AND DEATH	
<b>5</b> 名前の高温が		IMMEDIA	TE CAUSE (a)						
# 45 % SES		Conditions, if ony, which							
W EDWEN	-	gove rise to immediate cause (a) stating the under-		105.05			-		
B 8 3 7 8 7		lying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF			100		
2 5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			(c)						
MA HA BOOM	9	PART 7 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN	PART I   o1.				
- CRE AS	2								
A SCHOOL /	15	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?			20 AUTOPSY	2	
F 789708	1 5						YES X	NO 🗌	
A PART OF THE PART	18	210. EXTERNAL CAUSE WAS	HOUR AND MONTH DAY	YEAR 21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART	T 2}		
OLVISION OF S CRETIFICATE RETING THE W RED TO THE RES 3 SHOULD E DEPARTMEN OF PRIOR TO	13	UNDERLYING YOR CONTRIBUTING CAUSE OF			bbed				
TREE TO SEE THE SEE TH	ě	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HO	ME, 211 LOCATION					
PO STANDER OF THE PROPERTY OF	Z	WHILE NOT WHILE AT WORK	street, Factory, FARM, ETC.) nursing home	House in the	Pines, Rt. 50	), Easto	on, Md.	STATE	
T A A A A A A		All the second of the second o		ΓX					
\$25.55 A	130	220. I certify that I taok charg	ge of the remains described above, held	On ample	tion . Inquiry .,	and in my opi	nion		
MEN DEF		death resulted from: Naty	al causes	Suicide , Homicide	· Undetermined manner				
28 ± 28 ± 28 ± 28 ± 28 ± 28 ± 28 ± 28 ±		ACTUAL V	7	TITLE (SPECIFY)	1	0.475	9/6/8	05	
4454£m-	4	SIGNATURE	111	M.D. ASSIST	ant MEDICAL EXAMINER	DATE	9/0/6	33	
NA STATE	1	EXAMINER'S NAME	-						
A DESCRIPTION OF THE PROPERTY		(TYPE OR PRINT) Gre	gory R. Kauffman,	M.DADDRESS	111 Penn St.				
524548	Zla B	RIAL CREMATION REMOVAL		F CEMEJERY OR CREMATORY	23d LOCATION	COUNT	TY S	TATE //	
07/84 BP	1	Suis	9-11-85 Deliu	ather an.	Wanterior	U TA	7	20	
25M DHMH - 17	79 5	NERAL DIRECTOR	1 20	25a. DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SI	GNATURE		
(VR A15 ME (5))	K	early SHX	Habiah 1	The The I	EP 16 1005 1	P. Kind			
		The state of the s	The take the	W/ //CX		77.44	70		

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A RECRE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	2	6	6
	62-00	-	-

	REGISTRAR		CERTIFICA	IE OF DEATH	REG. N	0.		
	DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
1	Rose	C. Bryan			09-09	3 -8.	5	8:30 AM
3	SEX	4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
L	Female	White	June :	20°, 1889	96	YRS		HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) WEW Jersey	USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY C	_	)F DEATH	MD.
) 10	Easton	11. NAME OF HOSPITAL, NURSI TIF NOT IN SUCH FACILITY, GIVE STREE IN PRINCIPLE TO TO	ng HOME OR OT he Pine	HER INSTITUTION	120 USUAL OCCUPAT 11YPE OF WORK FOR MOST O HOME Mak	F WORKING LIFE)		PF BUSINESS OR
7 13 13	SUAL RESIDENCE (IF NURS) 3 HOW OF B. STATE DOTO	NTY 13c. CITY OR TO		INSIDE CITY LIMITS?	13e STREET ADDRESS Warwick	zip code, Road/	21631	
114	FATHER'S NAME FIRST Joseph	MIDDLE Campbe		Rosella	MIDDLE		Wheat	ley
160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) I IF YES, GIV	VE WAR OR DATES)		arold N.	Bryan Eas		x 175 Mark	et,MD
Z		DUE TO, OR AS A CONSEOL    Ib)	JENCE OF		UNILAN UNILAN		N IN PART THE	FARS
CEPTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WA	AS PERFORMED	200 AUTOPSY?		WERE FINDIN	
MEDICAL	OR CONTRIBUTING   CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHIE NOT WHIE AT WORK  27d. Certify that (I) (this hasp sow the deceased always obsert (I) we) (did) (did not 27b. SIGNATURE)  22d. PHYSICIAN'S NAME TYPE (A)	ATH HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  230 Solview the body ofter death.  Corporation  Cor	FARM EIC ) 211  PARM EIC ) 211  B C C C C C C C C C C C C C C C C C C	LOCATION STREET  19 It in (my) (ur) opinion of the control of the	city ORTO	ate and hour of	COUNTY	
23	BURIAL, CREMATION, REMOVAL   SPECIFY)   Burial		NAME OF CEMET	ERYOR CREMATORY Market C	en.EastNe	wMark	et,Do	rch. M

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: shauld be detached far us with the State Dept. of He IMPORTANT: If Item 21 is

TO HOSPITAL

BP.

24 FUNERAL DIRECTOR LANGE TO THE PROPERTY OF T

June Davidson-Randelle

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

9156	1 - FOR STATE REGISTR
	1 DECEASED N

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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		REGISTRAR				CEKITE	ICATE OF	JEATH		REG NO.				
		CAPRINT)	FIRST HARL	charles	Coley	CLO	OU 6 H	IGH	20. DATE OF I	DEATH MC	7 7	85	26 HOUR 417 F	2 ~
	3 SEX	X		4 RACE		5. DATE C			6 AGE (IN YEA	ARS LAST BIRTHE		UNDERTYEAR	IF UNDER 24 HRS	_
	-	Male	_5151		iţe	Mar		1924	61		YRS	NINS DAYS	HOURS MIN	
1		RTHPLACE (STATE ORE	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9 BALTIMOR	E CITY OR	COUNTYO	FDEATH		
2	-1	Maryland	1	U	SA	WIDOWE	D D	VORCED [		- 1	ALB	OT	M	D.
8	E	ASTON	./	MEN	HOSPITAL, NURSINI H FACILITY, GIVE STREET A LORIAL	ADDRESS)	SP.	TITUTION	12a USUAL O	FOR MOST OF W		INDUSTRY	of Business o	R
9	13a S	AL RESIDENCE (IF NURS STATE Maryland	136 COUL	NANNE'S	GIVE RESIDENCE BEFORE 13c CITY OR TOWI  Centrevi	N	13d. INSIDE C	NO 🗌		DDRESS / Z Windso	or Ave	e.,	21617	
70	14 FA	THER'S NAME FIRST  James		middle enry	Clough	1		S MAIDEN NAA FIRST ANCY		yrtle		Spa	rks	
1		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITYNO	17 INFORMA	NT Wife			201 Wi	ndsor	Ave.	
0	(1	YES, NO OR UNKNOWN)	WW	E WAR OR DATES)	218-16-9	9293	Mrs. M	adeline	E. Cle					
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	aly one couse per D BY: TE CAUSE (a)			ria						ONS ZE COLOR	
		Canditians, if any, gave rise to imm cause (a), statin underlying cause	nediote ig the	(b)	R AS A CONSEQUE	carr	lial 3	Cinfavi	ction			Bu	eels	
1	CERTIFICATION	PART 2 OTHER SIGN			DNTRIBUTING TO D				IN AL DISEASE	SY? [2	70b. IF YES, \	WERE FINDI		=
f	RTIF									NOI	YES		NO 🗌	
1	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE	CAUSE OF DEA	HOUR A.	M. MONTH DA M.	Y YEAR	21c HOW IN	IJURY OCCURR	RED (ENTERNATO	IRE OF INJURY II	N ITEM 18 PAR	T I OR PART 2)		
	ME	WHILE NOT WH	OILE 🗀		EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	314		CITY OR TOWN	565	COUNTY	STATE	
		220.1 certify that (1) saw the decease above, (1) (we) (c	(this haspi	71	19 8	3/1	nd that in (my)	(aur) apinion d	to 9	on the date	and hour o	and from the	that (I) (we) lo	st
,		22b. SIGNATURE	bary	02	Diour	e, n	97	ATTENDING PHYSICIAN	MEDICAL PDIRECTOR	STAFF PHYSICIA	N []	Pre DATE	7185	_
		274 PHYSICIANS NJ	Ry	J-	Spro	NIE	BOX 6	21001	JEEN	570u	w,m	021	658	
		SURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR	CREMATORY	23d LOCAT	ION R IOWN	The same	COUNTY	STATE	
	11	Burial	L	Sep.11	,1985 Che	ester	field (	emetery	Cent	revil		A.Co.	. Md.	
	24 FL	INERAL DIRECTOR	Bar	ton Fune	ral Home			250 DATE	REC'D. BY RE		REGISTRA	RS 5M 61	-	
	Ja		cton,	Jr., Ce	ntreville	e, Md	. 21617	btl!	18 198	0 9	S-Clores	mal.		

DHMH - 16 60M 7/84 (VRA 15, 4)

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A LOUR DE CONTRACTOR DE CO

710-125-1176

	FOR		STATE OF MARYLAND		
277026	- STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 5 2	6 6 9 1
KITON	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	001
. 714	1 DECEASED NAME	FIRST MIDDLE	LAST	To the second se	DAY YEAR 2b HOUR
/ 2 55	- 40	hert C.	Darling	a.	20 85 305
A E 11	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	9 1111
4 97	Male	White	MONTH DAY YEAR	A CE (INTERNSTANT BINTADAY)	MONTHS DAYS HOURS MIN.
1 11 17	e. BIRTHPLACE (STATE OR FOR	EIGN / 76 CITIZEN OF WHAT COUNTRY?	09 04 22	6 3 YRS	
18 00	Preston, Md.	U.S.A.	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
1 11	CITY OR TOWN OF DEATH		WIDOWED DIVORCED	Talbot (	COUNTY MA
1 11 15/X	C	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR
8 1 10	Caston	1 Easton	MEMORIAL	Disabled	INDUSTRY None
2 11 21	JAL RESIDENCE HE NURSING	HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE			
	37 - 3 - 4	aroline Preston	N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
1001	FATHER'S NAME		15 MOTHER'S MAIDEN NA	Rt. 1, Box 220	41000
1 11/100	James H. I	arling	FIRST	MIDDLE	LAST
	160 WAS DECEASED EVER IN		Hattie Hu		
1 10 12	ES, NO OR UNKNOWN)	IF YES GIVE WAR OR DATES)			1. 21639
	Yes	WWII  216-14-2		g, Rt. 1, Box 199	M1, Greensboro,
ALA HILL	PART I. DEATH WAS	nter only one cause per line for (a), (b), and	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
INI) SIII		MEDIATE CAUSE (a) acul	Cerebio Usfala	a widet	and In
1111	Canditians, if any, w		my my my	1 Comments	
2 256	gave rise to immed cause (a), stating	the DUE TO, OR AS A CONSEQUE	NCE OF		
1 7904	underlying cause	(c)			
1 1 2 2 2 2	PART 2 OTHER SIGNIF	CANT CONDITIONS CONTRIBUTING TO	EATH BUT NOT RELATED TO THE TERM	IN ALD ISE ASE OR CONDITION GIVE	EN IN PART To
1 221	18 Churs	and so	· /w		
ony Suit.	190 DATE OF OPERATIO	N 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
S o o o	190 DATE OF OPERATIO			YES NO YE	
4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	210. ACCIDENT WAS UNDERL	YING 1216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART ?}
34 414 70	OR CONTRIBUTING CALL				
2 E 8 5 4 /	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED		211 LOCATION		COUNTY STATE
be be be be	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE F	ARM ETC ) STREET	CITY OR TOWN	COONIT
S the other orke	AT WORK AT WORK		Nov 3 15 10 25	2 08/21/8	that (I) (ne) last
NON See See See See See See See See See Se	220.1 certify that (1) (th	is haspital) attended the deceased fram_ alive an	and shot in (my) (our) apprian	death accurred an the date and hav	
On ATTEN e haspital DIRECTOR ached for u Dept. of He	saw the deceased obave, (I) (wa) told	(did nat) view the bady after death	, and that is (iii) and opinion	deam accorded an rile date and not	
hos hos ept.	226. SIGNATURE	77	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
Y the CAL D deroc deroc Dore D LT. If	0	thy religion	PHYSICIAN [	DIRECTOR   PHYSICIAN	19/25 183
HOSPITAL	228 PHYSICIAN'S NAM	E (TYPE OR PRINT)	22e ADDRESS	1	
o HOS etoined TO FUN should I	Philip	P. T-E WIPE 1	10 Ver	a, Mo-	1625
TO HOSPITAL Cretained by the TO FUNERAL D should be detected with the State D IMPORTANT. If	230. BURIAL, CREMATION, RE	MOVAL 236 DATE 23c.1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY) Buria		illcrest Cemetery	Federalsburg,	Caroline, Md.
BP	24 FUNERAL DIRECTOR			TE REC'D, BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
DHMH - 16 60M 7/84		ADDRESS	ederalsburg 250 DAT	0 1 10RE guilledie	resource fonder
(VRA 15, 4)	Framptom-Hawk	ins Funeral Home, 21	O N. Main Dr.	11 1806 41	Differential Control

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗘 💢

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L,	PEGISTRAR				CERTIF	ICATE OF DEATH	0	REG. N	<b>€</b> .	9	0		fire
	LASED NAME LO	uis		MIDDLE	Ü	PAWKINS	20 DATE C	)F DEATH	9 1		EAR	26 HO	UR 25
1.5	EX		4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER			R 24 HRS
1	male		caucas	sian	10	19 08 AR	76		YRS	MONTHS	DAYS	HOURS	MIN.
74.1	BIRTHPLACE IN ATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT		X NEVER MARRIED	9. BALTIMO	ORE CITY O		Y OF DEA	TH		
	ryland		USA		WIDOWE		Tal	lbot					MC
	ITY OR TOWN OF DE	ATH			RSING HOME C	R OTHER INSTITUTION	120 USUAL	LOCCUPATI				BUSIN	IESS OR
1	Easton		Eastor	Memo	rial H	ospital		e Pair				tin	o
Úst	JAL RESIDENCE (IF NUR!	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE B	SEFORE ADMISSION						CLILL	·CILI	5
	Maryland	Tal	bot	East		YES X NO T	122	Chop	tank	AVE	. 1	216	01
-	ATHER'S NAME		7000 20			15. MOTHER'S MAIDEN NA		Onop	Callin	. 1100	. / .	210	O I
V	ohn	1	MIDDLE	wkins		Nora		MIDDLE		Summ	LAST	C	
	WAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT		ADDRE	ESS	D CHILLI	ICI.	3	
	NO OR UNKNOWN	(IF YES, GIVE	E WAR OR DATES)	217-0	7-8648	Harriet L.	Dawl	kins	see	13e			
-	18 CAUSE OF DEAT	H (Enter on	v ane cause per	-							and the same of th	MATE INTE	ERVAL
	PART I. DEATH W	AS CAUSE	Ď BY: E CAUSE (a)	a	rute.	myocard	Dail	in	out		1	111	00
		IMMEDIAI		R AS A CONSE	COULTNICE OF	9		0				<u></u>	
	Conditions, if ony	which	( ,b)	AS A CONS	Ture	clerati	e Re	art	due	aso			
	gove rise to imi	mediate	DUETO	R AS A CONSE	EQUENICE OF	SELLOW, ISL							
	underlying cause	last	(6)	K A3 A CONSE	TOOLINCE OF								
	PART 2 OTHER SIGI	VIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEA	SE OR CON	DITION G	VEN IN PA	ART 110		
0 N	13673				none								
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WH	HICH OPERATION	N WAS PERFORMED	20a AUT	OPSY?		S, WERE F			
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18	210. ACCIDENT WAS UNI	_	216. TIME O		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART I OR PA	ART 2)		
3	OR CONTRIBUTING		III		19								
MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY	CICE CARALETCA	211 LOCATION	COVE	CITY OR TO	)WN	COUN	iTY		STATE
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	sow the deceas above, (1) we)	ed ofive on .	7 - 1	after death.	19_ <u>%5</u> , an	d that in (aur) apinian a	death accurr	ed on the d	ate and ho	ur and fra	m the c	auses st	tated
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1	22d. PHYSICIAN'S N.	AME (TYPE OF	R PRINT)			22e ADDRESS	-						1
L	Robert	W. I	rever,	M.D.		RD3 Bo	× 29	17 E	aste	on 1	14	2	160
	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOC	Y OR TOWN		COUNTY			STATE
B	Burial		9-21-	-85	Woodla	wn Memorial	Eas	ston	T	albo	t	M	d.

DHMH - 16 60M 7/84

(VRA 15, 4)

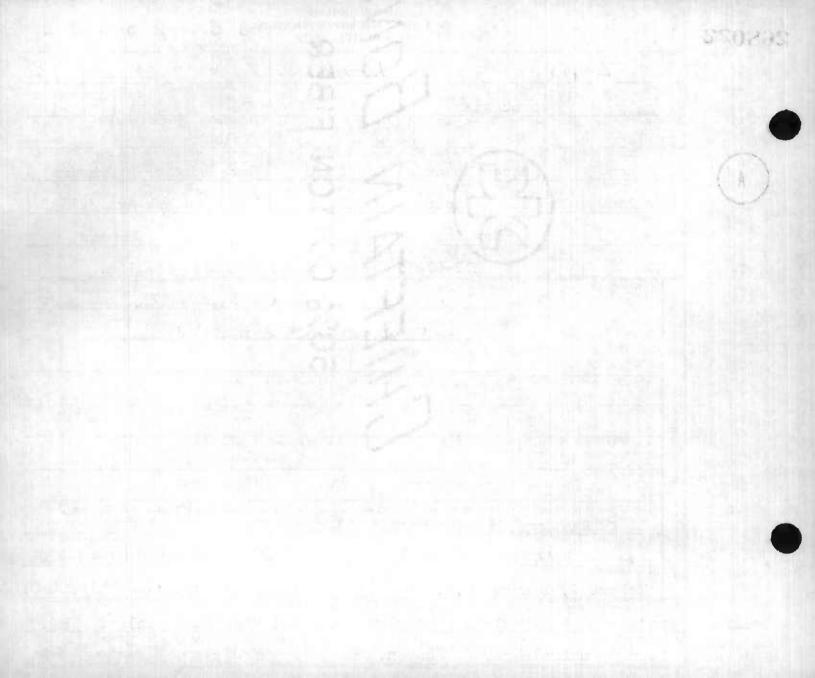
24 FUNERAL DIRECTOR Newnam Funeral Home

Easton, Md.

cial Easton Talbot

250. Date REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md.



FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VIT

DHMH - 16 60M 7/84 (VRA 15, 4)

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d	Y SE		reu	4 RACE	J.	5. DATE C	OF BIRTH		6 AGE (IN YEARS	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 23	J IRS
	18	Female		Whi	te	M970	7	*9°5	89	YRS	MONINS DAIS	HOURS	MIN.
		IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER A	AABBIED []	9 BALTIMORE	CITY OR COUNT	Y OF DEATH		
9	1 44	elaware		USA	A	WIDOWE	11	VORCED [	To	alhot			ME
6	19/0	OR TOWN OF DEA	ATH /	11. NAME OF H	HOSPITAL, NUI		R OTHER INST	NOITUTION	12a USUAL OC	CUPATION R MOST OF WORKING L	126 KIND O	F BUSINES	SOR
¥	1	casion		MIS	mozi	alb	10501	Tal	Hous	ewife	INDUSTRY HC	me	
2	13a. 5	AL RESIDENCE (IF NURS	IN COUN	other institution of the other institution of	13c CITY OR T		13d INSIDE C	ITY LIMITS?		RESS / ZIP COD		21639	)
7	14. FA	ATHER'S NAME	- 574	MIDDLE				MAIDEN NA	ME				
	1	Edward		L.	Sem	ans	E	lizabeth	<b>1</b>	NDDLE	Warr	ren	
2		WAS DECEASED EVER		MED FORCES?	166 SOCIALS		17 INFORMA			ADDRESS			
r		no			215-2	6-4871	Ella	Wothe	rs G	reensbor			
		18 CAUSE OF DEATH			line far (a), (b)	, and (c )				4335	BETWEEN C	MALE INTERV	AL
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		1893 1470		DUE TO, OF	R AS A CONSE	GIVENCE OF	cai i	tuna			do	eve	
	10	Conditions, if any,		(b)	- 4	ra CC	5/100	2/1			-	13	_
		couse (a), stotin underlying cause	g the	DUE TO, OF	r as a conse	OUENCE OF	0	rld	oze		99	ar	S
į	N	PART 2. OTHER SIGN	VIFICANT (	ONDITIONS CC	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAMISEASE O	R CONDITION GI	VEN IN RI TIC		
5	CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPS		S, WERE FINDIN		
1	TIFIC								YES TI N		FYING CAUSES	OF DEATH	13
4	CER	210. ACCIDENT WAS UND	-	110110 4		5.14 V5.48	21c HOW IN	JURY OCCURR		OF INJURY IN ITEM 18	PART I OR PART 2)		
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	MEDICAL	214 INJURY OCCURE	RED	21e PLACE C	OF INJURY	ICE EADA EIC L	211 LOCATIO	N	c	ITY OR TOWN	COUNTY	STA	ATE
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		sbove, (II) we (10		Friew the body	atter death.	- 0 4		(our) apinion (	death occurred o	n the date and ho			ed
		THE SIGNATURE	-	fac	w	2	JUN 3	TENDING PHYSICIAN F	MEDICAL DIRECTOR	STAFF	77 - DATE S	18-	80
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		T.W. Faur			1700			on, MD					
	230 E	BURIAL, CREMATION, (SPECIFY Burial	REMOVAL	23b DATE 9-19-		3c NAME OF C		emeter	23d. LOCATIO	OWN	°C'A	514	ď
		UNERADDIRECTOR	0		- 65	Or eeris			-	ensboro			U

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### STATE OF MARYLAND

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	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	0 0	2	6	5	9 4
1	1 DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEAT	H MONTH	DAY	YEAR	2b HOUR
	WILLIAM	G.	DE	YKE		9	4	85	7:00AN
	3 SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAS	TBIRTHDAY	IF UN	DER I YEAR	IF UNDER 24 HRS
	male	caucasian	5 MONT	3 1896	89	YR:		13 DATS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF	HTASC	
	Germany	USA	WIDOW	DIVORCED	Talbot				MD.
-	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP			2b. KIND C	OF BUSINESS OR
01	Easton	Rt.2 Box 604		ers Lane	Farme		O tire)   II		ming
7	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU!  Maryland Tal		N .	13d INSIDE CITY LIMITS? YES NO X	Rt.2 Bo	SS / ZIP CO	DE / 21		
1	14 FATHER'S NAME	MIDDLE LAST	ALT:	15. MOTHER'S MAIDEN NA					
	Georg	Deyke		Eliese	MIDU		Lu	eker	n
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS Rt	2	Box	604
	NO	218-20-	5781	Richard H.S	Schuerma	nn Ea	sto	n.Mo	d. 2160
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	ENGE OF	4RNES T				y C	MANE INTERVAL ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to i</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN	PART 1	0
2	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER			NGS USED OF DEATH? NO
-	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that (I) (this hosp sow the decented of the oppine) (I) (they did i) did not the oppine).	R) P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC)	216. HOW INJURY OCCURE  216 LOCATION STREET  19  19  10  11  12  12  12  13  14  17  18  18  18  19  19  10  10  10  10  10  10  10  10	city o	e dote and l		I from the	6/85
		T. In			Test Location				

DHMH - 16 60M 7/B4 (VRA 15, 4)

Newnam Funeral Home

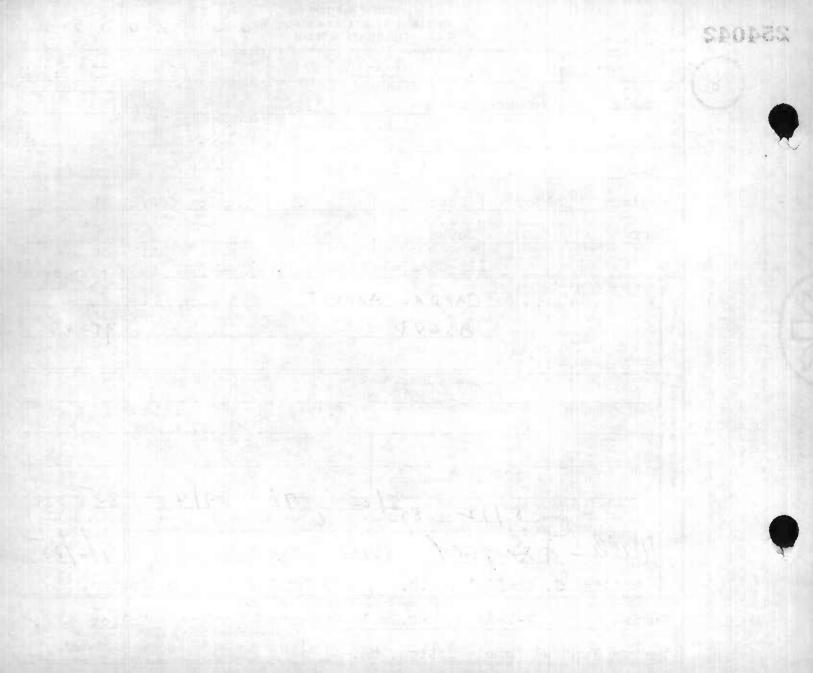
9-7-85

Burial

Easton, Md.

Cordova Talbot Md St.Pauls Lutheran

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



FOR - STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

1	REGISTRAR		CERTIFICATE OF I	· LATIN	REG. I	NO.		
1	DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	NETTI)	E VIRGINIA	EASON			9 1	9 85	11:00P
1	1.SEX	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST !	BIRTHDAY)	MONTHS DATE	HOURS MIN.
j	female	caucasian	3 4 DAY	1892	93	YRS	J.O. T. J.	MIN.
	Ja BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED T	BALTIMORE CITY	OR COUNT	OF DEATH	
1	Maryland	USA	7.7	VORCED [	Talbot			MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	ADDRESS)		120 USUAL OCCUPA (TYPE OF WORK FOR MOST House)		126. KIND O INDUSTRY	F BUSINESS OR
/	Cordova USUAL RESIDENCE HE NURSING HOME OR		43, Cordov	ra	House	wife		
'n	136 COUN			TITY LIMITS?	13e.STREET ADDRESS			
ľ		Lbot Easton		NO 🗌	5 Plum S	St./2	1601	
j		MIDDLE LAST	A. F. C	S MAIDEN NAM	MIDDLE		LAS	ar_
	Stansbury 160 WAS DECEASED EVER IN U.S. AR	L. Willey			Elizabe		Lew	
Ì	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)					Box 14	
	NO	215-16-	8090  Will:	Lam A.	Eason (	Oxtor		21654
	PART I. DEATH WAS CAUSE	nly one cause per line for 101, (b), one ED BY:	9101	Λ			BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	te CV	7-			- 11	day
		DUE TO, OR AS A CONSEQUE	NCE OF	0. 0100	sclero	212	Upa	115
1	Conditions, if any, which gove rise to immediate	(b)	434 171	- CV 10	1361619	117	720	5
	cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF					
	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO.	NDITION GIV	/EN IN PART 11/	
		crater Here't		50				
7	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	200 AUTOPSY?		S, WERE FINDIN	
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				YES NOW		FYING CAUSES	NO [
1	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	AIR	19					
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F	THE LOCATION		CITY OR	TOWN	COUNTY	STATE
	NOT WHILE AT WORK	(ALTONE STREET TREION OFFICE	Ann tro			1		
ı	220 I certify that (I) (this hospi		-	10	, to	119	1985	that (1) (we) last
i	saw the deceased alive on abave (4) (well that) (did	Two the body affect death	and that in (my)	apinian de	eath accurred an the	date and has	er and from the	causes stated
	776 GIG HAYUNE	1200	PYFEE	ATTENDING /	MEDICAL ST	AFF	271. DATE	SIGNED
	1 Johnson	1 min	100	PHYSICIAN	DIRECTOR PHYS	AFF ICIAN [	9/1	9185
1	22d. PHYSICIAN'S NAME (LIPEC	DE LIT	22e ADDRES	is I	1)	61	ni h	71101
	KIZREGG K	rodes MT	1 2020	etchmo		Lask	on, ord	H(0)
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	,	COUNTY	STATE
1	Burial 24 FUNERAL DIRECTOR	9-23-85 Sp	ring Hill	DATE	Easton		albot	Md.
1	24 TONERAL DIRECTOR			130 DAIL	REC'D. BY REGISTRA	100 KEGIS	IKAK SSIGNAT	UKE and of

Easton Talbot Md

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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Easton, Md. Newnam Funeral Home

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(VRA 15, 4)

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1 - STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Burial 24 FUNERAL DIRECTOR (VRA 15, 4)

REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 4 RACE & AGE (IN YEARS LAST BIRTHDAY) STANDARD CODE 3. SEX MONTH DAY YEAR male caucasian 18 67 To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland WIDOWED NAME OF HOSPITAL NURSING HOME OF OTHER ASSITUTION IN CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Excavating Contractor 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Talbot Rt.2Box148/21601 Maryland Easton NOX IS MOTHER'S MAIDEN NAME Frank Adams Ewing Marie Tyler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES) 218-34-8841 NO Dorothy F. APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: lentricy ? IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e: PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) COUNTY STATE CITY OR TOWN

WHILE NOT WHILE 9-27 22a I certify that (1) this hospital) attended the deceased from. 9-27 sow the deceased alive on 9-27 obove (II) (we (Idia) (did not) view the body after death. 19 9 \_, and that in my (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE

22c DATE SIGNED ATTENDING MEDICAL 9-27-85 Robert W. Trever M.D. PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Trever.

236. DATE

Box 297 23d LOCATION

Easton Md. 2160

23c NAME OF CEMETERY OR CREMATORY Woodlawn Memorial 10 - 1 - 85

Easton

Talbot

Newnam Funeral Home

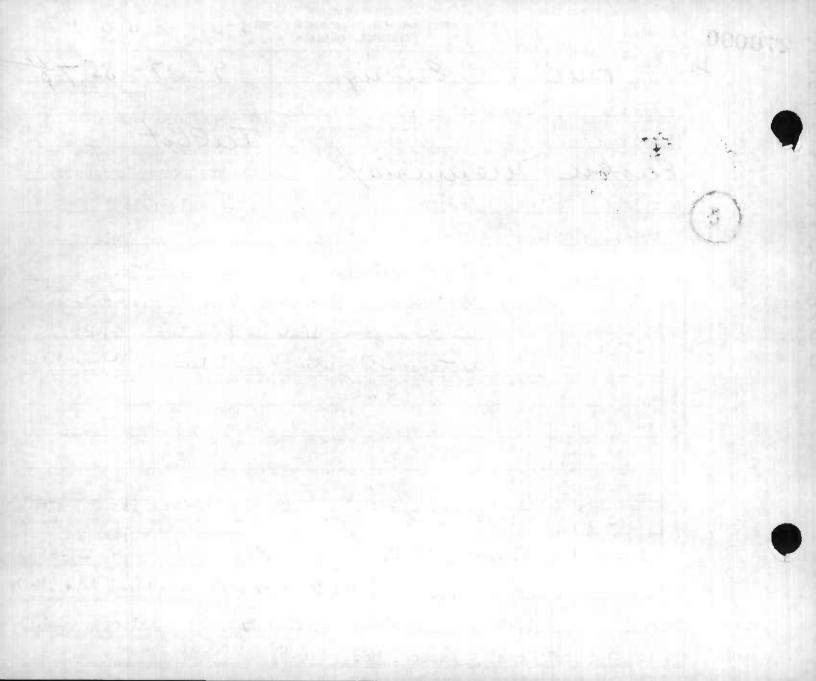
Robert W.

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Easton, Md

250 DATE REC'DY BY RECUSERAR 250, REGISTRAR'S SIGNATURE



276088	1 - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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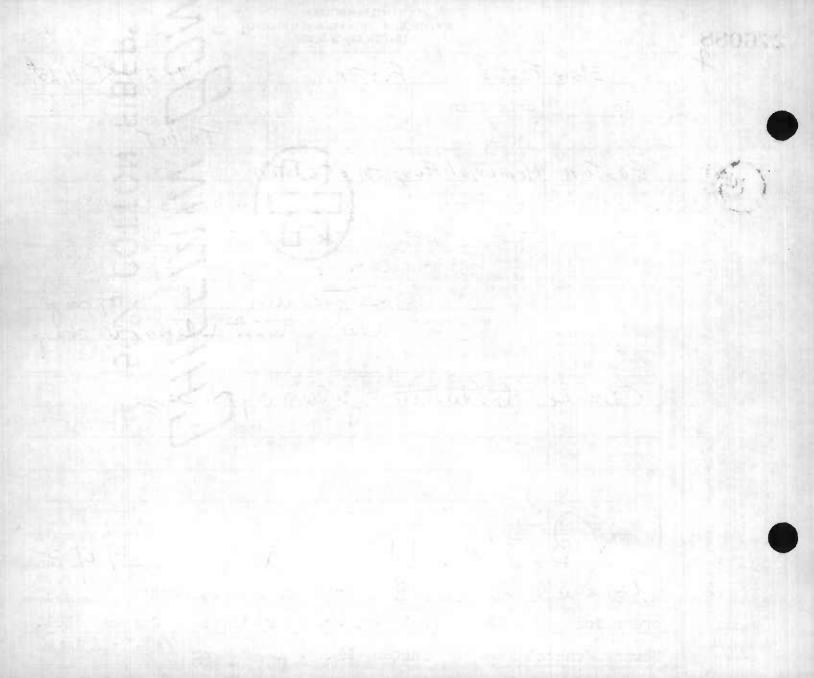
- 4	REGISTRAR		CERTIFICATE OF DEATH			
1	I DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR	
	(TYPE OR PRINT) Elsie	/INKLER	Foster	9-27	1-85 11:25 M	
	1. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS	
	female	caucasian	2 24 02	83 YRS	and and an analysis of the second	
	BIRTHPLACE   STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH	
	England	USA	WIDOWED TO DIVORCED	Talbot	MD.	
0	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR	
	Easton	Memorial Ite	ospital at Easto	// Housewife	INDUSTRE	
1	USUAL RESIDENCE (IF NURSING HOME OR 13a, STATE 13b, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
2	Maryland Tall			Dutchman's La	ane/21601	
à	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA			
0			kler Isabelle		Cairnes	
	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT			Box 122B	
1	(YES, NO OR UNKNOWN) (IF YES, GIV	263-41	-6848 Norman R.		rd, Md.	
Н		ily ane cause per line far (a), (b), as		Z O O C C C C C C C C C C C C C C C C C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
И	PART I. DEATH WAS CAUSE	D BY:	Caticoni	-	BETWEEN ONSET AND DEATH	
Ш	IMMEDIA	TE CAUSE (o)	- Spaceman		1000	
		DUE TO, OR AS A CONSEQUENCE OF 1. 2				
	Conditions, if ony, which gave rise to immediate	(b)	- winery n	and wheren	Ma Car	
	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF	· ·	0	
	PART 2 OTHER SIGNIFICANT C	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110				
1		C - WILL O	1110 Augus	MINAL DISEASE OR CONDITION GIV	EN IN PART III	
Z	90 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20d AUTOPSY? 20b. IF YES	WERE FINDINGS USED	
7	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING		Q	IN CERTIF	YING CAUSES OF DEATH?	
8	210 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB P.	NO NO	
7		HOUR A.M. MONTH D	DAY YEAR	(Enter throng or the second		
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f LOCATION			
ì	HILE NOT WHILE TO	TAT HOME STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE	
1	HILE NOT WHILE WORK					
1	saw the december of this hospi	tal) attended the deceased from.			19, that (It (we) last	
Н	obove, (I) (we fitted (did not) view the body after deoth.					
Ħ	226. SIGNATURE	(3VA.	ATTENDING ATTENDING	MEDICAL STAFF	221 DATE SIGNED	
Ц	1	1 (BUON	PHYSICIAN [	DIRECTOR PHYSICIAN	17.4.05	
	226 PHYSICIAN S NAME TIPE O	R PRINT)	22e ADDRESS			
	Couvetice	). Dollar		s Lane, Easton	n	
	23a BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	
	cremation	9-28-85 D	elmarva Cremator	cy Lewes Su	ssex Del.	

DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

Easton MD.

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE



263084

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1.	FOR STATE REGISTRAR	1		CERTIFICATE OF DEATH  REG. NO.  REG. NO.			
	DECEASED NAME FIRST MIDDLE [TYPE OR PRINT]		AIDDLE	LAST	20. DATE OF DEATH M		YEAR 26 HOUR
	E11a	Paul	ine Ga	ines		9-9-8	85 12 18 PM
1. SE	X	4 RACE	5. DATE	OF BIRTH H DAY YEAR	& AGE (IN YEARS LAST BIRTH	DAY) IF UNDER	DATS HOURS MIN.
I	emale	Black	5	15 1905	80	YRS	NOORS MIN
	MINPLACE (STATE OR FORE	GN 76. CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEA	ТН
	Maryland	U.S.		3.7	Talbo	T	MD.
	ITY OR TOWN OF DEATH	11. NAME OF F	HOSPITAL, NURSING HOME		12a USUAL OCCUPATIO		CIND OF BUSINESS OR
IF	DSTAN	Mom o	HEACILITY, GIVE STREET ADDRESS)	TO TEOSTON	Retired Bear		Private
1050	AL RESIDENCE (IF NURSING						TITYALE
7		COUNTY	Federalsburg	136 INSIDE CITY LIMITS?	Rt 2 Box 87		
	ATHER'S NAME	0010110		15. MOTHER'S MAIDEN NA	ME	1 21032	
Y	Asbury	MIDDLE	Evans (D)	Saddie	WIDDLE		Ricketts (D)
160	WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES		treneces (b)
1	(YES, NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	221-22-1826	Leroy Gaines			
	18 CAUSE OF DEATH  E			1 Letoy Garnes	•		APPROXIMATE INTERVAL
		ote the ost (b) DUE TO, OI	Werioscler		listore	7	3 hrs Incuttion
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0						
CERTIFICATION	19a DATE OF OPERATION	N 196 COND	ITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED AUSES OF DEATH?
	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COL	INTY STATE
	22a. I certify that (this sow the deceased o	live on 9-9 (did not; view the body	19 85	DEGREE ATTENDING PHYSICIAN 226 ADDRESS	death occurred on the date of	220	
230	BURIAL, CREMATION, REM	AOVAL TEN DATE	23, NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	FORDIN	, 1110,2160/
230	Burial	0 9-13-1	200	acol arm	More Coat 1	COUNT	y STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

WEDPTANT: If Hem 21 is morked or Hem 18 shows ony

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SEP 1 7 1985 Julia Davidson-Randare

Gray Ave. Wilm, DE

120890 9-9-8-9-6 ELITER TO THE OWN HOSPITATE ELIGH The sail of the sa store strate mant being To Lineaghor policy TO THE COUNTY OF THE PROPERTY Market P-P Kingt W Truster M D. RDS B + I'll Fotos, Miller

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	26
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 figure attending physician.	580
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and company little to the time of director page 3 should be detached for use as the buriol-transit permit. Then please remove carbon points. Forget coild a with the State Dept of Health and Mental Hygiene prior to buriol, cremotion, or removal.	023

BP.

DHMH - 16 60M (VRA 15, 4)

1				SFAT	E OF MARYL	AND			>	
	FOR STAIE		DEPART	MENT OF H	EALTH AND	MENTAL HYG	IENER 5	2	5 /	UU
1	REGISTRAR			CERTIF	ICATE OF D	EATH		REG. NO.		
	EASED NAME FIRST		MIDDLE	-	,AST		20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
(TABE C	ALIC	E	R.		GAUT			9	20 85	4:30A
3. SEX		4. RACE		5. DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YE	
f	emale	caucas	ian	MONTH	7 7 T	O T	0/.		MONTHS DAT	TS HOURS MIN
JE BIR	THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			9 BALTIMORE		NTY OF DEATH	
	DUNTRY)	TICA		MARRIE	D NEVERA	VORCED	m - 11			
	nsylvania Y OR TOWN OF DEATH	USA 11. NAME OF I	HOSPITAL, NURSII				Talho		12h KINI	O OF BUSINESS O
Fa	aton		H FACILITY, GIVE STREET		Coreo	Contore	TTOTAL			RY
JSUA	STON L RESIDENCE (IF NURSING HOME)		1 Manor I		I Care	benter	Hous	sewife		
13a. ST	TATE 13b COL	INTY	13c. CITY OR TOV	VN	13d. INSIDE C		13e STREET ADD			(01
	ryland   Ta	lbot	Easto	on	YES X	MAIDEN NAM		iolla_	St./21	901
	FIRST	MIDDLE	LAST		3.6	FIRST	M	IDDLE		LAST
ALC: NAME OF TAXABLE PARTY.	Michael		McCart			irgare	t	ADDRESS	Bu	rns
[YE		RMED FORCES?	166 SOCIAL SECT		17. INFORMA					
N	0		052-07-	-2390	D Mary	Kath:	ryn Cai	croll	see	13e.  OXIMATE INTERVALEN ONSET AND DEATH
NO	gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SASNIFICANT  UNDER SASNIFICANT	PONDITIONS CO	ONTRIBUTING TO	DEATH BUT	are		INAL DISEASE O	Y? 20b. I	F YES, WERE FINE	DINGS USED
l ä L							YES N	OX.	YES [	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O		AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITE	A 18 PART I OR PART	2)
S S	(IF EITHER NOTIFY MEDICAL EXAMIN	CAIN	M.	19			1-3,432			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC 1	21f LOCATIO	N	CI	TY OR TOWN	COUNTY	STATE
	AT WORK NOT WHILE	,		200	<b>L</b>			4	0.5	-7
	220.1 certify that (1) (this has	(1112	deceased from	19-1	2	, 19		100	. 1900	_, that (I) (we) lo
	saw the deceased alive a above, (I) (we) (did) (glid)	n lot kiew the hody	ofter death	00,01	nd that in (my)	(our) apinion o	death occurred a	n the date and	hour and from t	he causes stated
	27b. SIGNATURE	-11	A		DEGREE	140			220,89	TE SIGNED
	W	HTNDU	ah			TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1 9/	20135
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	-		22e ADDRES			0	1	-
	WM	H Woo	V MD	)		EASO	ONA	1d		
23a BL	JRIAL, CREMATION, REMOVA	L 23b. DATE	234	NAME OF C	EMETERY OR (	REMATORY	123d LOCATIO	N		
(5)	PECIFY)						CITY OR T	OWN	COUNTY	tmore lan
	neral director		111	.will U	LILUII CE					
	mam Funeral	Home	ADDRESS F a C	ton	Md	ZJG. DATE	SEP 23	1985	distrar a sign	Jon Hands

25	6052		FOR STATE		DEPARTMENT OF H		877	4	6/1	J 1
			REGISTRAR	MEI	DICAL EXAMINE	R'S CERTIFI	CATE OF DEAT	H REG. NO	D.	
			TASED NAME FIRST		MIDDLE	LAST	20	DATE KNOWN	MONTH DAY	YEAR 25. HOUR
	Bankett	1111	Hnn	F.		Gordo	n	OF ESTI-	98	1085 PZ
- 6	を	0. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEAR		IF UNDER 24 HRS. 2	DATE RONOUNCED	MONTH DAY	YEAR 28 HOUR
	1 / S2008	fer	male caucasian		12 72 YRS	. Indiana	HOURS MIN. P	DEAD	9 8	1999 9 MM
_	A PAR	70 BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY?	MARRIEDXIX NE	EVER MARRIED   9	BALTIMORE CITY C	R COUNTY OF	DEATH
	BARBE		Mississippi	USA	A A SECTION	WIDOWED -	DIVORCED	101	bot	MD
	2年X3号/	10 CI	TY OR TOWN OF DEATH	II. NAME OF HOS	PITAL, NURSING HOME,	OR OTHER INSTITU		LOCCUPATION (TYPE		ND OF BUSINESS R INDUSTRY
13	TO THE DOE		Easton	Memori	- 1 11	al at E	and surface -	lousewi fe		
	A CANADA	USUA 13a S	L RESIDENCE (IF IN NURSING HOME OF		VE RESIDENCE BEFORE ADMISSION	13d. INSIDE		T ADDRESS		
212	まる品 支援	Ma:	cyland Talb	ot	Easton	YES X	NO □ 501		n's La	ne/21601
MB	I CONTE	14. F/	THER'S NAME	WIDDIE	LAST	15. MOTH	ER'S MAIDEN NAME	WIDDIE		LAST
AR.	A SE		lward		Faison	Ge	rtrude		Ha	rdy
IMC	SA SONO	16a V (Y	(AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY	NO. 17. INFOR	MANT	Apt. 22	1.501 E	Dutchman
NA.	S AF		NO	-	1/427-26-3	177 John	d WA Gord	Apt.22 on Lane, l	Easton,	Md. 21601
1	8 × 10		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	ly ane cause per	(app) (b) and (c)	. 16	. 101	Nonel	F F F	MEN CHIEF MERKEN
ON S	M H H H H H H H H H H H H H H H H H H H	117		re CAUSE (a)	- Come	1/1	Well.	Leady	My	
EST	NO AL		Conditions, if any, which	DUE TO, 9%	AS A CONSEQUENCE OF	bei alt	Point	1.011	1/1	
W. P.	ED WITHI PENCIL AMINER L- TRANS AENTAL H		gave rise ta immediate	(b) A	whore	arou	elere	rallas	- pacy	T. Letter
201 W	Z, O		cause (a) stating the <u>under</u> - lying cause last.	RO, OT BUD	AS A CONSEQUENCE OF	100				
	EXECUTED NG" IN PROCED EXAM SURIAL - 4 AND MEI		PART 2 OTHER CIGNICICANT COMMITTONS	CONTRIBUTING TO DEATH	OHT MAT RELAYER OR THE VERNING	At Distance on Consumer				
DIVISION OF VITAL RECORDS.	D BE EXECUTED WITHIN 2. H ENDING". IN PENCIL IN ITEM BEDICAL EXAMINER ALON AS A BURIAL - TRANSIT PEN ALTH AND MENTAL HYGIEN CREMATION, OR REMOVAL	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GENTH	BUT NOT RELATED TO THE TERMIN	AT DISEASE OR CONDISIO	ON GIVEN IN PART 1 (6).			
REC	F WEDICA F WEDICA SED AS A E HEALTH /	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFOR	RMED?		20.4	AUTOPSY?
TY.	SHOUL CHIEF FUSE FUSE FUSE FUSE FUSE FUSE FUSE FU	IFIC		- 30						YES NOW
F >	EN HOUSE	ER	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c HOW INJURY	Y OCCURRED LENTER NA	TURE OF INJURY IN ITEM 18 I		Les Li NOT
N	CERTIFICATE SHOULD STING THE WORD "PEI DED TO THE CHIEF M E 3 SHOULD BE USED A E 0 DEPARTMENT OF HEA DI PROR TO BURNAL OF PEA		UNDERLYING OR CONTRIBUTING CAUSE OF I		MONTH DAY YEAR	250				'
ISIC	ERTI ING ISH PREPA	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME,	211. LOCATION				
Į.	SEE CE	2	MHILE AT WORK AT WORK	STREET, FACT	ORY, FARM, ETC.}	STREET		CITY OR TOWN	COUNTY	STATE
	R: THI TE, W RWA R: PAC S: STAI		22a I certify that I lack marg	Car campined day	cribed abave, held an	Autapsy .	· · · · · · · · · · · · · · · · · · ·	M I	1	
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIESTOR: NATH THE STEM BALLMORE, MARYLAND, 2			gr causes .	Accident/	Autopsy	Inspection	Inquiry an	d in my apinian	
	EXAM CERTII DIREC WITH WARY		1/4		1/100	1 history	As I	mined mainler,		0 00 000
	ALDON THE	13	ACTUAL SIGNATURE	MILL	My 1	. MONG	BULL MEDIC	AL EXAMINER	DATE SIGNED	1-9-86
	MEDIC CUTE THE SE 4 SH FUNER FUNER LIMORE		- u	7001		07	0	AL LAMINER	. SIGNED	
	A SECTION OF SECTION O		(TYPE OR PRINT) R I	ane Wrot	h M D	ADDRESS,	St Mic	haele M	4	
	53.45.42	23a.B	JRIAL, CREMATION, REMOVAL 2	3b DATE	23c. NAME OF CEM	ETERY OR CREMAT	ORY 23d. LOC	ATION	COUNTY	STATE
07/84	BP	cre	emation	9-9-85	Salisbu	ry Crema			icomico	Md.
25M	DHMH - 17	24. FI	Newnam Funer	al Hamess	Easton,	ма		1 1	STRAR'S SIGNAT	
	(VR A15 ME (5))		Newmann runer	al nome	Easton,	nu.	SEP 10	1985 Gina	Davidson-D	andelle.

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1 - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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						REG. N				
DECEASED NAME	OI .	,	MIDDLE	C	LAST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOU	30
	LIN	4	171	5	reen	9-	di-	83	0	A
SEX	4 F	ALE		5. DATE (		6 AGE (INYEARS LAST BI	THDAY)	MONTHS DAYS	IF UNDER	MIN.
Male		N	egro	July	7 7. 1901	84	YRS			
BIRTHPLACE   STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D M NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH		
Harmony. Md	. /	U.S.	Α.	WIDOW		1 JA	Int			
CITY OR TOWN OF DE					OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126, KIND C	F BUSINE	ESS O
Easto	1//	(IF NO IN SUC	H FACILITY, GIVE STREET	DDRESS)	Lacoital	TYPE OF WORK FOR MOST O		IFE) INDUSTRY		
SUAL RESIDENCE (IF NU	RSING HOME OF OTH	FR INSTITUTION	CIVE DESIDENCE RESORE	ADMISSION)	TOSPITALI	Self-emplo	yed I	armer -	Far	mlr
Ja. STATE	MIL COUNTY		13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	E O	11	1
aryland	Caroli	ne	Preston		YES NO NO	Rt. 2, Box	150	de	0	2
FATHER'S NAME	MIDE	DLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	1	
Thomas Gr	een				Annie Frie					
WAS DECEASED EVE			166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDR	ss Mar	yland 2	1655	
(YES, NO OR UNKNOWN)	I IF YES, GIVE WA	R OR DATES)	217-36-17	730	Gertrude H.					
TIL CALISE OF DEA	TH (Enter only o		lin tar vi, (bi, and			11			MATE INTER	
PART I. DEATH	WAS CAUSED B	Υ:	1	- RU	2 Myscarde	all to ale	0.0			Va
S. Santan	IMMEDIATE C	AUSE (a)	100	an	Allecana	w cuppo		101	unu	1
		DUE TO, O	R AS A CONSEQUE	NCE OF	Adlessa	111		1	12	
Canditians, if an	y, which	(b)	Mars	M	Turencos	INID		/	7 0	-
cause (a), stat	ing the	DUE TO, OI	R AS A CONSEQUE	NAEGF.	111					
underlying caus	e last	(c)		120	NO					
	SNIFICANT CON	IDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GI	VEN IN PART 1	0	
19a DATE OF OPERA										
19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN		
						YES NO		IFYING CAUSES ES	NO [	
21a. ACCIDENT WAS UP	NDERLYING	21b. TIME O			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
OR CONTRIBUTING			M. MONTH DA		1 1 22					
(IF EITHER, NOTIFY MED		21e PLACE		19	ZIF LOCATION					
WHILE   NOT W			EET FACTORY, OFFICE, FA	RM ETC }	7 - 51HET	CITY OR TO	WN	COUNTY	5	STATE
	- m			- 6	16	9/11	r	CIT		-
22a.l certify tha	<i>e</i>	F 1 19/3	1 1	-	198			19	that (I)	we) lo
abov	did aid no	w the bady	after death	, 0	nd that (my bur) apinian	death accurred an the d	ate and ha	ur and fram the	causes sta	ated
77h SIGNATURE	1 1		TIE		DEGREE			22c DAJE	SIGNED	-
NU	Leu	rus	UII)		ATTENDING PHYSICIAN	MEDICAL STA		1/12	110	2
THE PHERMINATION	ANE LITTE CHEN	MITC		113	22e ADDRESS					
									*	
a. BURIAL, CREMATION	REMOVAL 12	3b. DATE	123¢ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				-
(SPECIFY)						CITY OR TOWN	a	COUNTY		TATE
FUNERAL DIRECTOR		ospt. 2	O'TAOD HE	irmon	y Church Cem.	Preston,	carol	ine. Ma	cylar	nd
- CHAFTUME DIKECTOR	4 ()				230 DA1	E REC'D. BY REGISTRAR	ZOD. KEGIS	IKAK'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

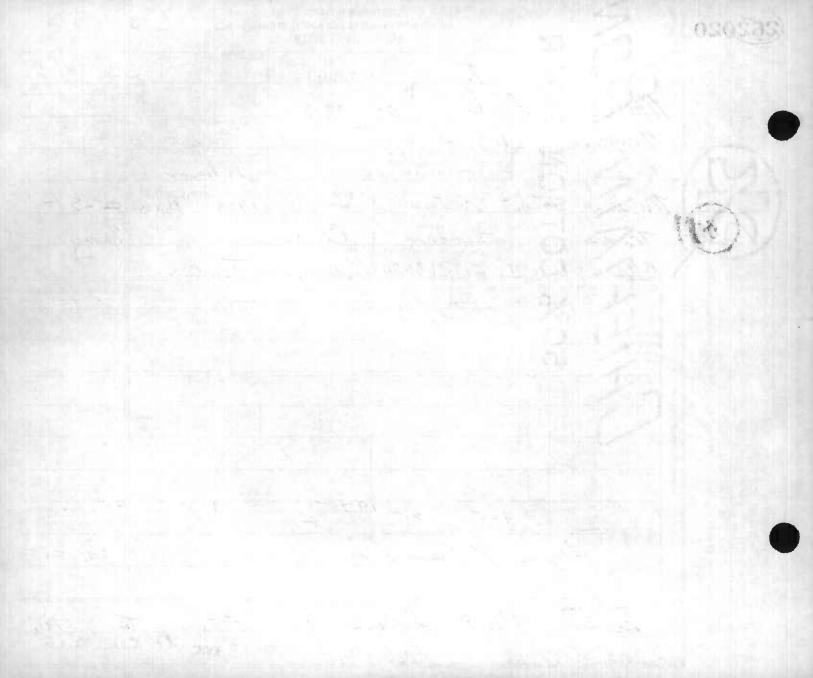
	1-	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL I	HYGIENE 🖁	5 REG. NO.	26/	0 4
		CEASED NAME Richard	4.	1	7:11	2s. DATE OF	Aug.	14, 1985	12:10 PM
L	1. SEX	Male	Black	MCH2	OF BRITH H DAY MAR		-	PRS DAVE	PUNDER 14 HAS
2	1	Mustand.	G. S. A	MARRE	Control of the Contro		Tal	bot	MD.
8	/	Easton 1		ospital	at East	TITLE OF WORK	CCUPATION FOR MOST OF WOR		F BUSINESS OR
2	134.5	ma. Fell	at East	HOWN	YES NO D	Kout	DORESS ZIP	Box 16	4601
a	1	USIN NO	All	0	IS MODER'S MAIDEN		e-one.	Beow	~
1		VAS DECEASED VER IN U.S. ARME		1-1059	Meery.	Hill	ADDRESS		
		II CAUSE OF DEATH (Either only a PART L DEATH WAS CAUSED & IMMEDIATE (	Y.	Perut	outin			481	NAME OF THE OWNER.
A CONTRACTOR OF	THE PARTY	Conditions, if any, which gave rise to immediate case (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CQ	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  ADITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITIO	N GAZIN XI PARI 3111	
7	CERTIFICATION	End stage k	11% CONDITION FOR W			Zibi AUTO	PSY7 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES YES []	GS-USED OF DEATH?
7		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTR	TIL TIME OF INJURY HOUR AM MONTH P.M.	DAY YEAR	21s. HOW INJURY OC			The state of the s	70-0
	MEDICAL	ZIG INJURY OCCURRED  AT HOME	THE PEACE OF INJURY (AT HOME, STREET, PACTORS OF	AICE, PARM, ETC.)	211 LOCATION STREET	les la la	CITY ON FOWN	count	HATE
		27a I certify that (i) (this hospital)	attended the deceased/fr		nd that in (my) (our) opin	non death occurred	d on the date on	od hour and from the s	
	7	CUIPI	w De	ST CM	ATTENDINE PHYSICIAN		STAFF PHYSICIAN [	23s. DATE !	SIGNED
		LAWRENCE		NAN	MD ADDRESS	/			
		Burn	8-19-85	Chu	tu	"Ole	ter	24	ma
	24. FU	INERAL PRECTOR	1106	2/5	the second second	DATE REC D. BY M	GISTRAR 25h R	EGISTAN'S SIGNATI	IRE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO PUMERAL DIRECTOR A should be detected for use with the Stote Dept of Head IMPORTANT, if here 21 is in

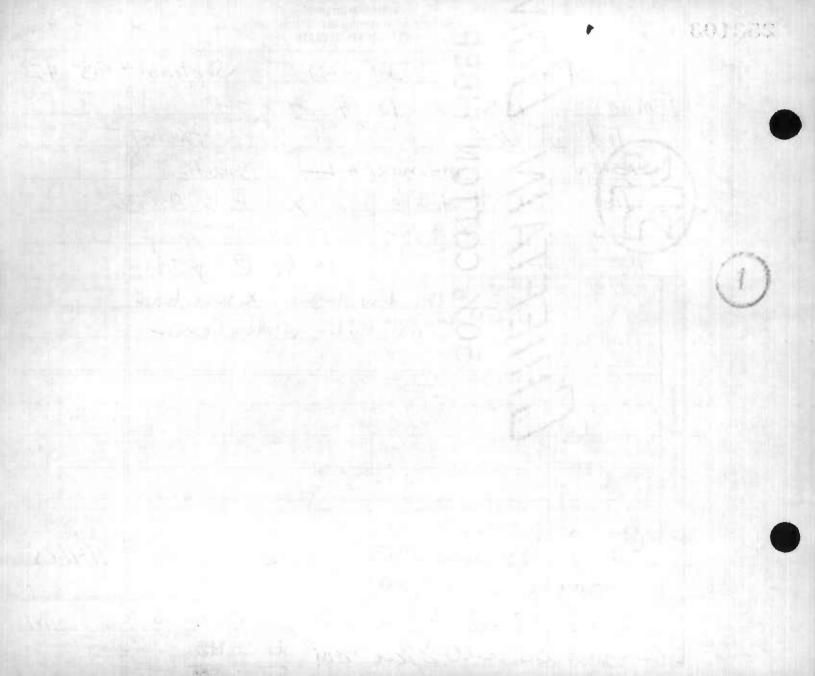


252020		FOR	DEPAI		OF MARYLAND	IENES S	2 6	705
COLULU	1.	STATE REGISTRAR			CATE OF DEATH	REG. N	o.	4
See 3		CEASED NAME FIRST OR PRINT) William	WIDDLE	10	si cksonl	20. DATE OF DEATH	MONTH DAY	VEAR 26 HOUR 95 9
ge 4 may	3. SE		Black	5. DATE C	F BIRTH DAY VEAR OU / GIO	6. AGE LINYEARSLAST BIR	THDAY)  IF UND  WONTHS	DER TYEAR IF UNDER 24 HRS.
Pog	7a BI	RTHPLACE (STAIL TO CO	76 CITIZEN OF WHAT COUNTR	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O		. 1 .
offer de	10 C	TY OR TOWN OF DEATH Eastow	11. NAME OF HOSPITAL, NUR	SING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	ON 12b	b. KIND OF BUSINESS OR DUSTRY
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e execute		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SE E WAR OR DATES)	CURITY NO.	17 INFORMANT	ADDRE	SS	
nficote b	4	(8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE)	D BY:	ond (c).)	ant foi	lene		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
orth cert cortion or or im notice		IMMEDIAT	E CAUSE (0)	QUENCE OF	8			
that the death d by the ottend ease remove co ol, cremation, a		Canditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEC	QUENCE OF				
quires the signed the plee to burio njury, or	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 11a
on.  hos been permit Tene prior to ows ony in	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
ICIAN: The physicic physicic pertificate indictions and the physicic pertificate indictions and the physicic pertification in		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE			
uG PHYS ottending ter this or is the bur rked or it	MEDICAL	214 INJURY OCCURRED  WHILE ON OT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OEFIC		21f. LOCATION STREET	CITY OR TO	wn cc	DUNTY STATE
TTENDAN pital or TOR: Af for use a of Health		22a I certify that (I) (this hospit saw the deceased alive on above, (I) (wal-dud) (did not	9-3	Cin	d that in (my) (our) apinion	, to		, that (we) last
OR A he hos DIREC oched Obept.		22b. SIGNATURE	1 BP	0	EGREE ATTENDING	MEDICAL STAF	F	2c. DATE SIGNED
O HOSPITAL etoined by the TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME OF	R PRINT)	- S	PHYSICIAN (2)	DIRECTOR   PHYSIC	IAN 🗌	9-11-55
retoin TO F Shoul		URIAL GREWATION REMOVAL	13h DATE 23	IC NAME OF C	METERY OR CREMATORY	234 LOCATION	COL	NTY STATE
BP	14. Ft	INSTRAL DIRECTOR	7/10/83	Kicha	den Cen.	E REC'D. BY REGISTRAR	25b REGISTRAR'S	SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)		Diorge This	BANK ADDRESS	Pasto	and SF	P 1 6 1985	Mit. Same	In Andelle



253103	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5 2 6 / 0 6  CERTIFICATE OF DEATH  REG. NO.
Page 4 may be director, page 3 rours after death	3 SE)	EASED NAME FIRST ETH  PM/E  ETH  ETH  ETH  ETH  ETH  ETH  ETH  E	PARSON  20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 29  4 RACE  5 DATE OF BIRTH  AND YEAR AST BIRTHDAY  16 AGE (IN YEAR AST BIRTHDAY)  17 MONTHS DATS HOURS MIN.  17 CITIZEN OF WHAT COUNTRY? 8  9 BALTIMORE CITY OR COUNTY OF DEATH
or after death.	ar ci	OUNTRY)  YORTOWN OF DEATH  EASTON	MARRIED NEVER MARRIED  MODOWED DIVORCED  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
ecoted within 24 ho ecomplesity filled in 11 and 2 speeds to disolver militer mark	13a. S	THER'S NAME FIRST AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT  ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT  ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS
e deaff certification of contendition of the c		PART I. DEATH WAS CAUSE (IMMEDITED STATES OF THE STATES OF	DUE TO, OR AS A CONSEQUENCE OF  (b)  (C)  (C)  (C)  (C)  (C)  (C)  (C)
n. no been signed by the perior to be prior to buriel, re- weapy injury, or other	CERTIFICATION	couse (0), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF  ICONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  IN CERTIFYING CAUSES OF DEATH?
NG PHYSICIAN: The other dring physicion ther this certificate him os the buriol-transit produced by Mental Hygier than do wented Hygier orked or term & show	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ELEFT EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN AT WORK	DEATH HOUR A.M. MONTH DAY YEAR
ITAL OR ATTENDI by the hospitol or RAL DIRECTOR, a deforched for use store Dept. of Heol NT: If them 21 is m		22a. I certify that (1) (this has saw the deceased alive of	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
O HOSI	. (	URIAL, CREMATION, REMOVA	J- SPRENSE MO AL 236 DATE 1236 NAME OF CEMETERY OF CREMATORY 123d LOCATION CENTROL IN ORTHON STATE OF THE CENTROL IN ORTHON IN STATE OF THE CENTROL IN ORTHON IN STATE OF THE CENTROL IN ORTHON IN ORTHOR IN ORTHON IN ORTHON IN ORTHON IN ORTHON IN ORTHON IN ORTHON IN
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	NERAL DIRECTOR	SEP. 0.6 1886 Julia Davidoro- Nondella

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27	IDING PHYSICIAN The low requires that the law contribute is executed within 24 hours after death. Page 4 may be as a attending physician.	. After this certificate has been signed by the Office and Completely filled in by the fineral director, page 3 os see buriof-transit permit. Then please
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME ENDE 2a. DATE OF DEATH MONTH TYPE OR PRINTI 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX DATE OF BIRTH YEAR White Female 13 74 TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland USA WIDOWED DIVORCED D CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IN SLICH FACILITY GIVE STREET ADDRESST INDUSTRY Housewife Home UAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION OF THE PROPERTY OF THE PRO 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Caroline Ridaelv YES X 311 Caroline Ave. NOF 21660 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles **Emma** Teal H. Allender ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 217-12-4463 Ridgely, MD James D. Jones no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 ATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE STREET (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE AT WORK 220 1 certify that (1) Whis hospital) attended the deceased from 2218 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE \*\* ATTENDING PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION SPECIFY) 9-25-85 Md. Veterans Cemetery Burial Hurlock Dorchester 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John E. Boulais Greensboro, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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#### FOR - STATE

REGISTRAR

FIRST

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4 RACE

DECEASED NAME

LIVPE OR PRINTS

3 SEX

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEO CERTIFICATE OF DEATH

5 DATE OF BIRTH

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INDUSTRY

U.S.P.S

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Hague

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REG. NO

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

Earle Ave.

20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

Postal Clerk

13e STREET ADDRESS / ZIP CODE

MIDDLE

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1898 male caucasian BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED [ SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Talbot Easton 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LeCompte W. Beauchamp Adelaide 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT 214-16-4286 M.Elberta LeCompte see 13e. NO 18 CAUSE OF DEATH (Enter only one cause per line lar to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS ACONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1)(this hospital) attended the deceased from saw the deceased al (aur) opinion death occurred an the date and haur and from the couses stated above, (1) (we) (did) did n view the bady after death 22b. SIGNATURE DEGREE ATTENDING 22e ADDRESS

W

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL

200 AUTOPSY?

NOK

CITY OF TOWN

STAFF DIRECTOR PHYSICIAN

> Talbot Md

9.5.85

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

STATE

YES T

IN CERTIFYING CAUSES OF DEATH?

24 FUNERAL DIRECTOR

Buria1

230 BURIAL, CREMATION, REMOVAL

Newnam Funeral Home Easton, Md.

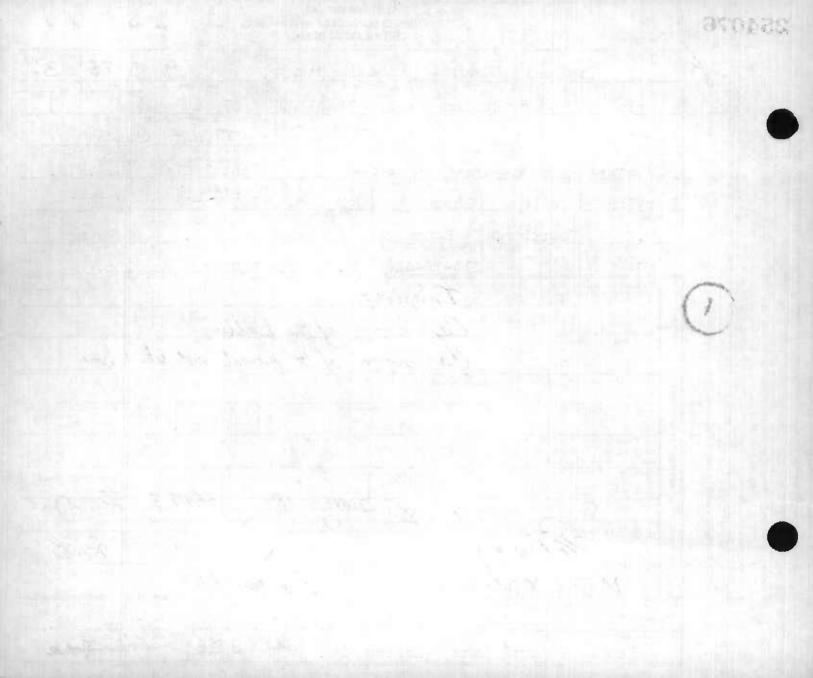
236 DATE

9-6-85

Woodlawn Memorial Easton

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL



campletely filled in by the funeral director page 3

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6

FOR 1 - STATE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		
1 DECEASED NAME FIRST	-	MIUDIE		LAST		MONTH DA	Y YEAR	26 HOUR
(TYPE OR PRINT) Pata	0010	Anne	Le	0		9/2	185	1045
3 SEX	4. RACE	anii o	5. DATE		6. AGE (IN YEARS LAST BIR		FUNDER TYEAR	
Female	White		03-1		48	YRS. MO	ONTHS DATS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
New York	TT	S.A.	WIDOWI	D NEVER MARRIED DIVORCED	Tall	oT		M
OF CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
Easton	MO in suc	H FACILITY, GIVE STREET A	DORESSI TOSI	pital	Housewife		INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE						
76 7 7	).A.	Chester	1	138 INSIDE CITY LIMITS?	13e STREET ADDRESS	x 496	216	519
14 FATHER'S NAME				15 MOTHER'S MAIDEN NAM	ME	170		
Kenneth DePew	WIDDLE	LAST		Harriet.	t Slaughter		LAS	57
160 WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUR	RITY NO	17 INFORMANT	ADDR			
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	214-34-9	161	V. Wendell L	ee same	as ab	OVE	
18 CAUSE OF DEATH (Enter o	-1			/ Westage I	banc	, ab ab		IMÁTE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSI	D BY	man	ke	notion Sex	isis		BETWEEN	ONSET AND DEATH
IMMEDIA	TE CAUSE (a)	10	, /	7 . 000	1			1 /
Canditions, if any, which	DUE TO, OI	R AL A SONSEGUE	NCE OF	1 Restu	alcer.		1 7	1 days
gave rise to immediate	(b)_	-						0
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PART THER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	MAI DISEASE OF COM	DI ION GIVE	N IN PART 1	
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190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING					YES T NOT	IN CERTIFYII	ING CAUSES	OF DEATH?
21a. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU		Copped	
OR CONTRIBUTING CAUSE OF DE		M. MONTH DA' M	Y YEAR					
21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	C174 CM 10	Dischi	COUNTY	(7.415
WHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY, OFFICE FA	RM, ETC )	STREET	CITY OF TO	IWN	COUNTY	STATE
22a I certify that (I) (this hasp	ital) attended the	e deceased fram	81	29 1980	, to	2 ,19	87	that (1) (we) lost
saw the deceased alive or abave, (1) (we) (did) (fild no	0 9/1.5	198	>	nd that in (my) (aur) apinion o	death accurred on the d	ate and have a	and from the	couses stated
226. SIGNATURE	Mi / /	A C		DEGREE			22c DATE	SIGNED
N	IVW	ood y	1	MATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	191	2/85

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached with the State Dept MPORTANT

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 09-04-85 Burial

22d PHYSICIAN'S NAME,

236. DATE

23c NAME OF CEMETERY OR CREMATORY Stevensville Cemetery

22e ADDRESS\_

234 LOCATION Stevensville

EASTON

COUNTY STATE MD

24 FUNERAL DIRECTOR

Tom Helfenbein Funeral Home. Chester, MD 21619

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CAPACS

	1	FOR - STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND IF HEALTH AND MENTAL HYG TIFICATE OF DEATH	GIENES 5 2 6	711
264009	- 11	DECEASED NAME FIRST J  YPE OR PRINT!	ames MIDORE Oliver	LISTER	20 DATE OF DEATH MONTH DA	NEAR 26 HOUR 55
10 a 00 c	3	SEX		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
ge 4		Male	0.00	ril 24, 1952	33 YRS	
nerol din 72 hou	5 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	TICA	RIED NEVER MARRIED NEVER DIVORCED	BALTIMORE CITY OR COUNTY C	OUNT MD.
s offer d by the fu	8 10	Easton /	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	TORIA HOSPI ta	120 USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING LIFE)   Bartender	126 KIND OF BUSINESS OR INDUSTRY Restaurant
filled in rould be f	U: 13	Maryland Quee	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE R.D. 1, Box 122	
ertely 12 st	/ III	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	
ond ond	0	Willard T	homas Lister	Betty	Etta	Conley
medicol.	2 160	WAS DECEASED EVER IN U.S. AR  [YES, NO OR UNKNOWN]  Yes  197	MED FORCES? 166 SOCIAL SECURITY NO. 216-56-1611	110 01	her ADDRE R.D. 1 . Lister, Centrevi	1, Box 122 ille, Md. 21617
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ATTENDING or use of for use of the use of th	100			and that in (our) opinion DEGREE	to 3 - 5 19 death accurred on the date and hour	9 8 1 that (1) we) lost and from the causes stated
by the P ERAL DIR		Robert	W. Trever, M.	D. ATTENDING PHYSICIAN	MEDICAL STAFF	9-5-85
TO HOSPITAL retained by the TO FUNERAL should be deter with the State		Robert W.	Trever, M.D.	RD3 Bo	x 297 East	ion, Md.2160
5 6 5 4 3 ₹	23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Burial	Sep. 7,1985 Chest	erfield Cemeter		A Co Md
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME	ton Funeral Home Jr., Centreville, M	250 DAT	E REC D. BY REGISTRAR 235 REGISTRA	

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1 July 18	E	ITY OR TOWN OF DEATH	EASTO	H FACILITY, GIVE STREET	MORIF	ROTHER INSTITUTION  HOSP.	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' CARPENT	TOF WORKING	LIFE) INDUS	ND OF BUSIN TRY JILDIN	
35	MA MA	AL RESIDENCE (IF NURSING HOME STATE 136 CC ARYLAND TA		13t. CITY OR TOV	CHAR	134. INSIDE CITY LIMITS?  NO X  15. MOTHER'S MAIDEN N			AVE.	21.6	663
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et, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per SED BY	line for (a), (b), ar	KNOWI				BETW	PROXIMATE INTE	RVAL D DE AT
critication other trail		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, O	R AS A CONSEOU	EUMCI JENCE OF	N/A					
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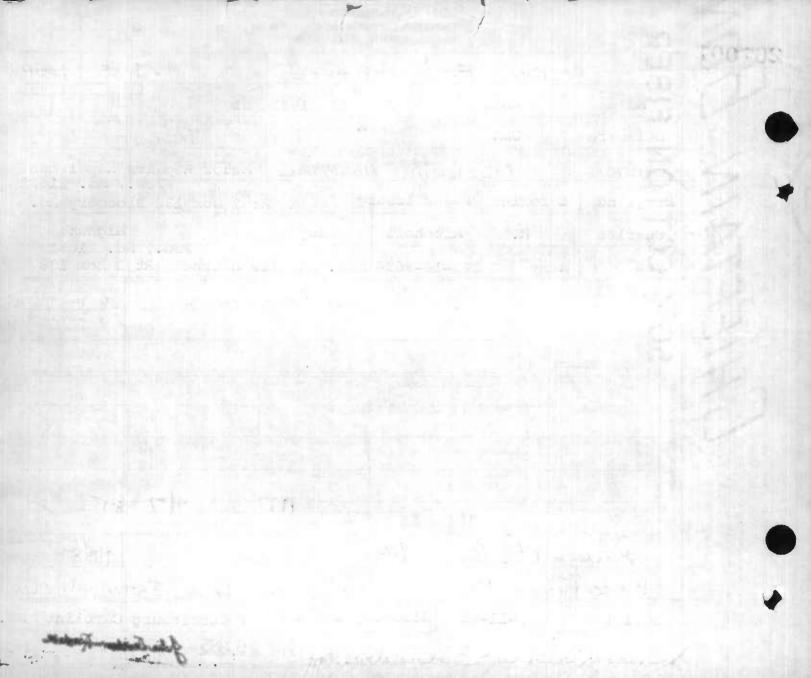
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he He H		00 0	A)	11/1%		ATTENDING	MEDICAL STAI	FF 1	TE SIGNED
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(VRA 15, 4)		Connelly E	uneral	Home of	Dund	alk SF	P 1 1 1095	ina Davidson-T	Pandelle

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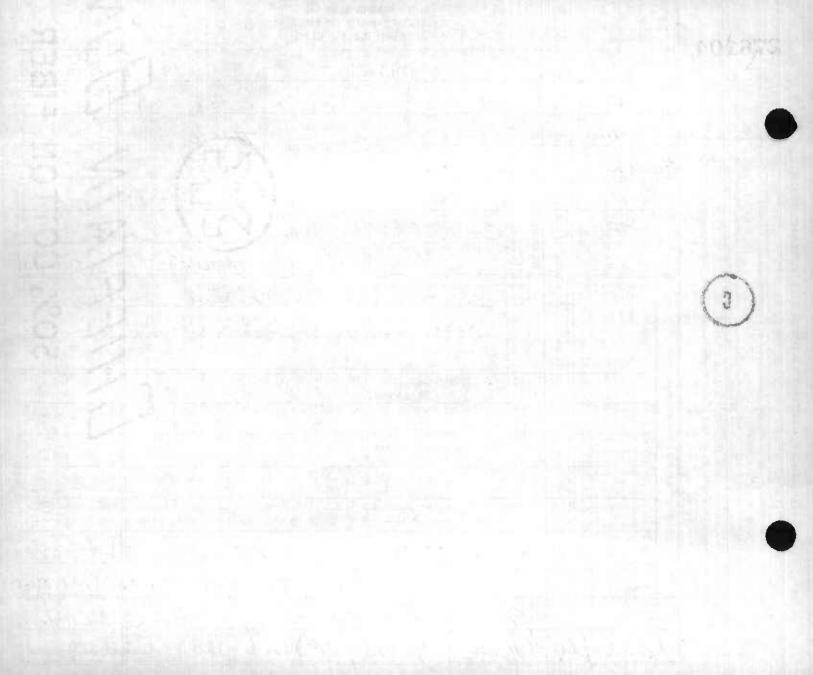
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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AL OR AL DIRECTOR Dept on the Dept		22h SIGNAYURE	9 E	Jane	A BOEC	ATTENDIN PHYSICIA	NG MEDICAL AN DIRECTOR	STAFF  PHYSICIAN	. 1	ATE SIGNED	
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DHMH - 16 60M 7/B4 (VRA 15, 4)		ineral director  was Funeral	Home	East	on, Mc		SEP 19	REGISTRAR 256 R	REGISTRAR'S SIG		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. REGISTRAR REG. NO DECEASED NAME 28. DATE KNOWN MONTH CTYPE OR PRINTS ESTI-19 85 DEATH MATED 2d HOUR DATE PRONOUNCED DEAD 9 BALTIMORP CITY OR COUNTY OF DEATH WIDOWED 126 KIND OF BUSINESS OR INDUSTRY Ja STATE 14 FATHER'S NAM MIDDLE INTON 7. INFORMAN ADDRESS 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES | 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLA Natural causes Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DAJE 07/84 BP. 25M 24 FUNERAL DIRECTOR Dippel Funeral Homes, Inc **DHMH - 17** 7110 Belair Rd. Baltimore, Md. 21206 (VR A15 ME (5))

House House Transaction House H EASTER SERVICE TO BE REAL TO BE R was the state of t

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: retoined by the hospital or offending physic

BP.

certificate has been signed by the attending physicion and a virial-transit permit. Then please remove corbon papers. Pages

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked on term 15 shows any

FOR STATE REGISTRAR

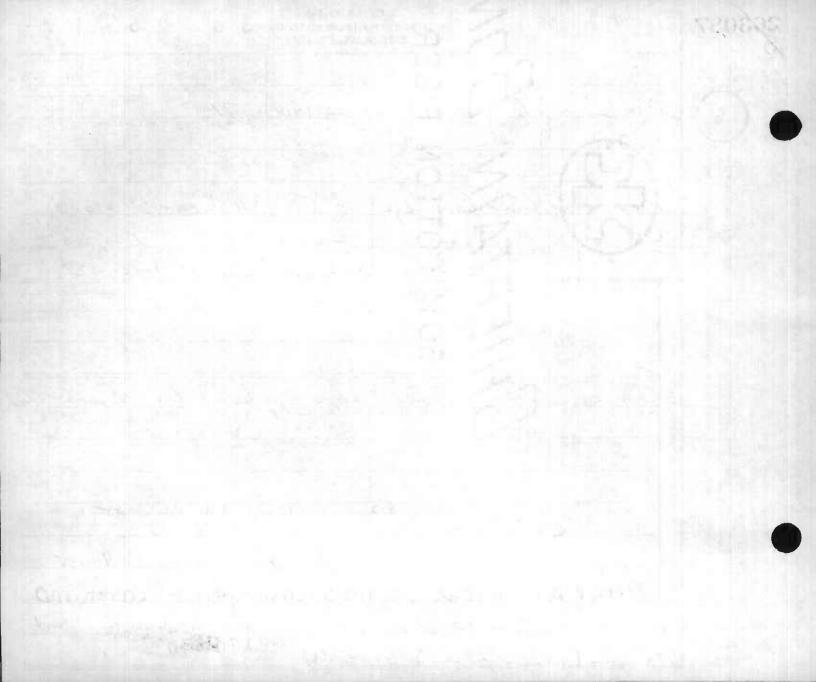
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG.	NO.				nh.

		CEASED NAME	FIRST	MI	DDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	(ITPE	OR PRINT)	Robert		Per	ry		Sept. 11, 1985		4:15 A.M.
Ì	3 SEX	(	4	RACE	5 D	ATE OF BIRTH	-	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	1	Mala		Blan	1/2 1	NONTH DAY	1914	71	MONTHS DAYS	HOURS MIN
6	a Bir	RTHPLACE (STATE ORI	FOREIGN 71	CITIZEN OF W	HAT COUNTRY? 8	wiy Lis	-	9 BALTIMORE CITY OR COU		
16	C	OUNTRY 1		11 <		RRIED NEVER MA	RRIED -	Talbot		
<	10 CT	TY OR TOWN OF DEA	TH # I	1. NAME OF HO	DSPITAL, NURSING HO		DRCED	12e USUAL OCCUPATION	12h KINID	OF BUSINESS OR
0		aston	//	(IF NOT IN SUCH	The Pines e	5)		(TYPE OF WORK FOR MOST OF WORKIN		
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1	14 FA	THER'S NAME		DDLE /	LAST	15 MOTHER'S	MAIDEN NAM	E		
	(	Charlos	MI	L L	) LASI	A	est o	WIDDLE	Buga	/S 5
5		VAS DECEASED EVER			66 SOCIAL SECURITY N	O. 17 INFORMAN	1	ADDRESS	200	,,,
1	[4	ES. NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	214-17-89	99 Kathe	ive !	11 8815	lacum	57
ŀ		18 CAUSE OF DEAT	H (Enter only	one couse per li	ne for (a), (b), and (c))	4		. 11 /1	APPED	ELAKATE PUTEFVAL LONNET AMETERATIO
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		DE LAC	MANAGOIATE	4.5		//		/		7 7 7
		Conditions, if any,	which	(b) •	AS A CONSEQUENCE	OF V			200	
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	3.1	underlying cause			AS A CONSEQUENCE	OF .			200	
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		OR CONTRIBUTING			. MONTH DAY Y	EAR				
	MEDICAL	214 INJURY OCCUR		P.M.		211 LOCATION				
	ME	WHILE   NOT WH	THE []		T. FACTORY, OFFICE, FARM, ET			CITY OR TOWN	COUNTY	STATE
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4		tow the decease	og Glyre og	8-15	19 85			eath occurred on the date and		
		above (f) (wp) (g 77k SIGNAPORE)	Edited No.	view the Body o	tter direct	DEGREE				SIGNED
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	-	NAME +	+=		ADDRESS	. 1 , m	250. SEE	7	910147	TURE

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(VRA 15, 4)



## FOR - STATE

(STATE OR FOREIGN

awrence

4 RACE

CAUCASIAN

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

REGISTRAR

I. DECEASED NAME (TYPE OR PRINT)

MALE

MARYLAND

3 SEX

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

25, YEAR 91

DIVORCED

5. DATE OF BIRTI MARCH

Sing.	
~	
REG.	NO.

BALTIMORE CITY OR COUNTY OF DEATH

20. DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

70

(TYPE OF WORK FOR MOST OF WORKING LIFE)
TECHNICIAN

130 STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR

ROEBUCK CO.

SEARS

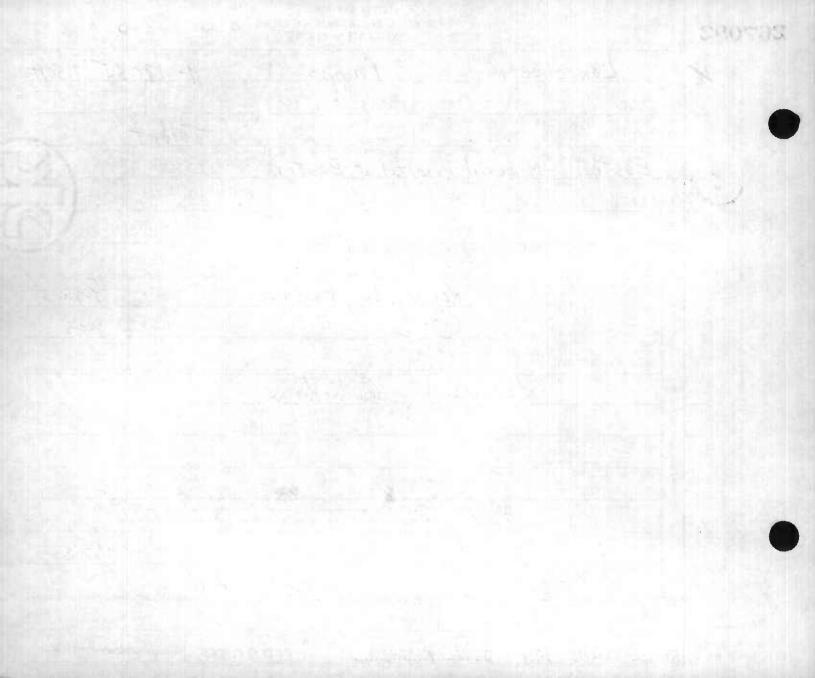
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d by the haspital or attending physician.	NERAL DIRECTOR. After this certificate has been signed by the attending physician and complete. The the funeral director, page 3	be detached for use as the burial-transit permit. Then please remove carbangapers. Pages Land 2. 11 of the limit	to State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
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BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHM

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omplete ond 2	14. F.	WALTER	MID	PHIPP	S S	15. MOTHER'S MAI		MIDDLE	MCCC	Y LAST
S. Poges		VAS DECEASED EV YES, NO OR UNKNOWN) NO		AR OR DATEST	05-1184	MARY E	. cox s	ADDRES		
g physicic an paperic emoval event, the		18 CAUSE OF DE PART I. DEATH	ATH (Enter only of WAS CAUSED B	ine cause per line far (a) Y: AUSE (a)	(b), and ici.	my Fac	lure			BETWEEN ONSET AND DEATH
d by the attending ease remave corb ol, cremotion, or or or other traumotic		Conditions, if a gave rise to couse (a), stounderlying co	immediate ating the	DUE TO, OR AS A COL	OFD					yes
been signed rimt. Then pliprior to burn only, o	CERTIFICATION	PART 2. OTHER S		VOITIONS CONTRIBUTION  19b. CONDITION FOR	of pre	eunioth	try	SEASE OR COND	20b. IF YES, WE	RE FINDINGS USED
physician. prificote hos ol-tronsit pe ntol Hygiene em 18 shows		210. ACCIDENT WAS OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c. HOW INJURY	YES OCCURRED (EN		YES [	NO 🗌
after this ce os the burillith and Meritand Meri	MEDICAL	216. INJURY OCC	WHILE WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM ETC )	211 LOCATION STREET	85	9/19		COUNTY STATE
RECTOR. A red for use pt. of Hea em 21 is m		sow the dece	osed alive an	ew the body ofter death	1900 ar	nd that in (my) (aur)	apinion death oc	curred an the dot		, that (I) (we) lost from the causes stoted 77c, DATE SIGNED
NERAL DIII		22d. PHYSICIAN'S	NAME (TYPE PR PR	twood	p 1		DING MEDI	CAL STAFF		9/17/85
TO FUNI should be with the	23a	BURIAL, CREMATIO	N, REMOVAL	100-CL	23c NAME OF C	EMETERY OR CREM.	570N 23d.	OCATION CITY OR TOWN	t' Ol	UNTY STATE
BP HMH - 16 60M 7/B4 (VRA 15, 4)	$\overline{}$	BURIAL UNERAL DIRECTOR NAME	FU FU FX	9-19-85 NERAL HOM		N PARK OLIS, MA		IMORE BY REGISTRAR 2	5h. REGISTRAR'	MARYLAND
				0		1		<u> </u>		



(VRA 15, 4)

STATE OF MARYLAND

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5	7	5	1	2	
2	die	9	1	of Contract	

REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.	
1 DECEASED NAME FIRST Sam	nuel Winfie	ld ROE	20 DATE OF DEATH MONTH	12 85 11:53 PM
3. SEX 4.	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER LYEAR IF UNDER 24 HRS
Male	White		915 69	RS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	BALTIMORE CITY OR COL	INTY OF DEATH
Delaware /	USA	WIDOWED DIVORC		MD
EASTON	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET I MEMOPIAL +	HOSPITAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Tree Surgeon (x	1
USUAL RESIDENCE (IF NURSING HO AS OR O 130 STATE THE GOUNT Maryland Queen	Y 13c. CITY OR TOW	13d. INSIDE CITY LIV	223 Broadway	/
14 FATHER'S NAME FIRST MI	DOLE LAST	15. MOTHER'S MAII	DENNAME	LAST
Grayson	Roe		ence	Cook
160 WAS DECEASED EVER IN U.S ARM	WAR OR DATES)		Wife ADDRESS 22	23 Broadway Ave.
Yes   WW	II   296-10-3	155 Mrs. Eva	A. Roe, Centrevil	le, Md. 21617
PART I. DEATH WAS CAUSED IMMEDIATE  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	CAUSE (0)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE		t garliere.	e Prencentai
	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO
OR COMPRESSION OF CHAPTER OF COLUMN	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)
OKCOMINABILING CASE OF DEATH  IF EITHER NOTIFY MEDICAL EXAMINER!  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.	ARM EIC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a I certify that (1) this haspita saw the deceased alive an above (1) well did (1) (did nat)	9-12 19	, , ,	79 , to 9-12 aprinian death accurred an the date and	have and from the causes stated
226. SIGNATURE	and the second	DEGREE		22¢ DATE SIGNED
Robert W	. Trever M	ATTEN PHYSI	DING MEDICAL STAFF	19-13-85

BP.

O FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE Sep.16,1985

722

224 PHYSICIAN'S NAME (TYPE ORPRINT)

Robert W. Trever, M.D.

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

Easton Md. 21601

STATE

Burial 74 FUNERAL DIRECTOR
NAME Barton Funeral Home
James H. Barton, Jr. Centreville, Mds

22e ADDRESS

PD3 Box 297

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HEED PLANTED THE LEVEL IN LEVEL IN LOSS AND ADDRESS AN Cidle T. 674 Chingons ESS 27-11-11-11 .... ava ... ava ... 11-11-11-12 the control of the first of the control of the first of t

ATTEMPTIES III. 14 7 FOR ALL SEAL STATES

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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126 KIND OF BUSINESS OR INDUSTRY Poultry Ind.

> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mo

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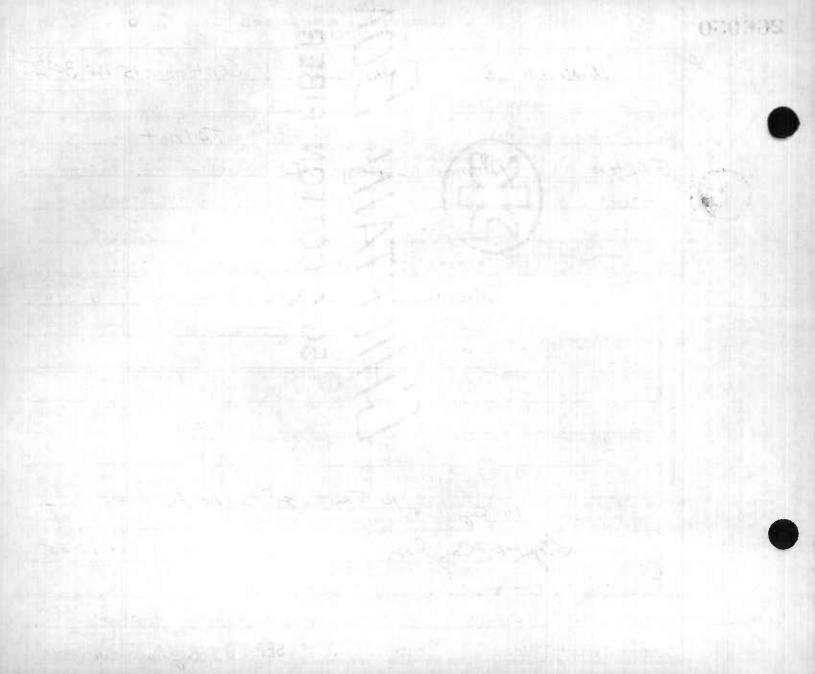
\_, that (1) (we) last

	REGISTRAR			TOTAL OF BEHAVIOR	REG. NO	Э.		
	ECEASED NAME FIRST PE OR PRINT)	duBOIS	3 0	AST	20. DATE OF DEATH	MONTH DAY YEA	2.32	
	Willie	7 m XXX	KU.	SSELL JR	Depten	nber 15198		
1.5		4 RACE	S DATE C		6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 H	
	male	caucasian	4	16 22	63	YRS		
71.1	BIRTHPLACE THATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1	
	ennsylvania	USA	WIDOWE	1	741	bot		
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		ID OF BUSINESS ( TRY	
1	ZASTON	Memori	ALt	tospitAL	Production	Exec. Por	ultry In	
	LIAL PESIDENCE (IF NURSING HOME O			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	AND REAL PROPERTY.	lbot Eastor	1	YES X NO	Rt.3Box	76/21601		
1	FATHER'S NAME	MIDDLE	100	15 MOTHER'S MAIDEN NA	WIDDLE		<b>LAST</b>	
1	William	D. Russell	L, Sr	Hedwig	ADDRE	Buec	k	
		IVE WAR OR DATES)		17 INFORMANT				
Y	ES   42-	-45 IL83-16-	-5770	Esther L. I	Russell s	see 13e.		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	enly one couse per line for 101, (b), o	and (c)				PROXIMATE INTERVAL	
		ATE CAUSE (O) / IZDU L	ussy	THY ROIT	SEANO	er .	9 mo	
		DUE TO, OR AS A CONSEO	UENCE OF					
	Conditions, if any, which	(b)						
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF			E 1 (2) (5)		
	underlying cause last.	(c)				10-11		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	Tlia	
O	EL LINE LINE							
CAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	TION FOR WHICH OPERATION WAS PERFORMED				IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?	
TIFE					YES NOT	YES	NO [	
CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART I OR PART	2)	
AL	OR CONTRIBUTING CAUSE OF DE	AIR	19					
EDICE	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	wn COUNTY	STATE	
ž	NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC )	SIREET	CITI OK TO		JIAIL	
		pital) attended the deceased from	10	JAW 19. 87	10 /5	1985	, that (1) (we)	
	saw the deceased alive or	n 4 19 19	85 . 01	nd that in (my) (our) opinion	death accurred on the do	ate and haur and from	the causes stated	
	276 SIGNATURE	on view the body oney death.	0	DEGREE		22c D	ATE SIGNED	
	St	Can S	an	ATTENDING PHYSICIAN D	MEDICAL STAR		17-85	
	22d. PHYSICIAN'S NAME (TYPE	from:		22e ADDRESS	V - Marie Control			
	Stanhan P	Carney, M.D.		Easton, M	d			
23a	Stephen P. BURIAL, CREMATION, REMOVA		NAME OF C	LEaston, Me	23d LOCATION			
	(SPECIFY) urial				CITY OR TOWN	COUNTY	STATE	
	FUNERAL DIRECTOR	12-10-07	MOOGIE	awn Memoria	E REC'D. BY REGISTRAR	Talbot		

Easton, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Newnam Funeral Home



BALTIMORE, MARYLAND 2120

_		FOR
1	-	STATE
		REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 1	1	
2 6	5 /	La

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	<b>5</b> .			4
		EASED NAME FIRST	,	WIDDLE	l	AST		MONTH DAY	YEAR	26 HOUR	120
	TYPE	ORPRINT) ARFO	ERICK		5	eiter	Sentem	hea 21	1985	12.	H M
M	1. SEX		4 RACE	Maria In	5. DATE C		6. AGE INYEARS LAST BIR		UNDER 1 YEAR	IF UNDER 2	
		male	caucas	sian	MONTH		92	YRS	NIHS DAYS	HOURS	MIN,
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 6	7 1893	9 BALTIMORE CITY O		FDEATH		
1		Cormon II	USA		MARRIE		77/	hat			
-		Germany TY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b. KIND O	F BUSINES	MD. SS OR
	F	TACLES!	(IF NOT IN SUC	HEALTY, GIVE STREET	ADDRESS)	Merstal	TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY		
	49504	RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION!	NESPITAL	Baker		Bake	ry	
1	Ma. 5	100 000		13c. CITY OR TOW			13e.STREET ADDRESS				
4	The real Party lives	ryland Ta	lbot	Eastor	1	YES NO	608 Ways	ide A	ve./2	160	
y	)^^	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS1	ī	
U	1	Johan	200	Seiter		Rosalie			Kraft		
1		AS DECEASED EVER IN U.S. ARE	MED FORCES? E WAR OR DATES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	518	SSTrip	pe Av	re.	
		NO	-60-9	215-26-	-7318	Herman F.S	Seiter Ea	ston.	Md. 2	160	
		18 CAUSE OF DEATH Enter on	ly one couse per						APPROXI/ BETWEEN C	MATE INTERV	/Al DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0)	spirati	6nAP	neumonitis	Sw mun	2796	10	odg	ويرا
				R AS A CONSEQUE				HE		-475	0
		Conditions, if any, which	(6)			testinalwob	struction	CFTON	2	· we	
		gove rise to immediate cause (0), stating the	DUIT TO O	R AS A CONSEQUE	-	Name and Address of the St.				A- 1-	
		underlying couse last.	(-)	K AS A CONSEQUE	INCE OF						
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	VIN PART 110	3	=
	N O										
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
-	Ĕ						YES NOW	IN CERTIFYII	NG CAUSES	OF DEATH	
5	<u> </u>	71a. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c. HOW INJURY OCCURR					
1		OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE		19	21f. LOCATION					
	A.	WHILE   NOT WHILE		EET, FACTORY, OFFICE, F				WN	COUNTY	51	ATE
		AT WORK AT WORK				1980	to 9-2	4	5-		
		27a I certify that (I) (this hospit saw the deceased alive an	0		P7	nd that in (my) (our) opinion o				that (I) (w	
		above, (I) (we) (did) (did not 27b. SIGNATURE					scom occorred on the oc	ne ond noor o			ed
		III. SIGNATURE	50	0 0		DEGREE ATTENDING	_MEDICAL STAI	F	220 DATES	SIGNED	_
		72d. PHYSICIAN'S NAME COME	92	Cany	~	PHYSICIAN K	DIRECTOR PHYSIC	IAN	14-	45 8	
		ME FITTSICIAINS INAME DIM O	RPRHST)	0		27e ADDRESS					
		Stephen P. (				Easton,	MD 2160	1			
	10	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	ST	ATE
	Bu	rial	9-24-	-85 Woo	dlaw	m Memorial	Easton	Tal		Md	

Easton, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Newnam Funeral Home

BP.



THE THE

Aspiration Phaumonitis

Memnia, Intentional Obstruction

Stephen P. Carney, M.D.

Easton, MB 21601

Creek, Md. Cousins ADDRESS Mrs. Gertrude Simmons, same as 13e 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY Cambridge, Dorch. Md. Dorchester Cem. 9 - 20 - 8525a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE - na Daydson- Pande 12 Cambridge. Md.

26. HOUR

126. KIND OF BUSINESS OR

Home Building

INDUSTRY

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR NAME (VRA 15, 4) Curran Funeral Home

BUrial

23a. BURIAL, CREMATION, REMOVAL

ANCHE

FOR

REGISTRAR

- STATE

273019

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(1)(1)(5)(3) TC. Simmens 102 Memorial Hespital model Two teams water the second of the second

27,4010

STATE OF MARYLAND

1 - STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. N	0.
DECEASED NAME FIRST	MIDDLE	SINGLAIR	Sentem	where 17 1985 1 Am
SEX Female	4 RACE White	S. DATE OF BIRTH  MONTH  September 8,1901	6 AGE (IN WARS LAST BIR	
o. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tilghman Island	76 CITIZEN OF WHAT COUNTS		9 BALTIMORE CITY O	bot MD.
FAS TON	(IF NOT IN MEACHITY, GIVE STE	CIAL HOSPITAL	12d USUAL OCCUPATION OF OR Proces	OF WORKING LIFE) INDUSTRY
	oline residence BEI	OWN 13d INSIDE CITY LIMITS?	Rt. 1, Box	
	Mister LAST	15 MOTHER'S MAIDEN NA FIRST Ada Meliss	a Reid MIDDLE	LAST
60 WAS DECEASED EVER IN U.S. AR 1 YES, NO OR UNKNOWN) IF YES GIV	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 218-09		loughby, Rt.	21655  1, Box 75, Preston,  APPROXIMATE INTERVAL  BETWEEN OWSE! AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	QUENCE OF	ninal disease or con	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLIF ETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?)  OWN COUNTY STATE	
220.1 certify that (1) (this books saw the deceased alive an abave, (1) (westerded) (did no 22b. SIGNATURE	ital attended the deceased from 15 to 15 t	DEGREE ATTENDING PHYSICIAN 27e ADDRESS  Easton	MEDICAL STAI	FF FLAN F-17-58
30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	. 23b. DATE 2.	3. NAME OF CEMETERY OR CREMATORY Tilghman Is. Cometer	23d LOCATION	"Abuty Claff

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Framptom-Hawkins Funeral Home, 216 N. Main St.

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

01015

Intransplayer le lieropriming de la line

G. V. D. S.A. H

Stephon P. Carney, M.D. Baston, MD 21601

or a state of the state of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				FICATE OF DEATH REG. NO.						
	DECEASED NAME FIRST TYPE OR PRINT) FIELDE	r B	ĻA	Smit	h Jr.	20 DATE OF	DEATH MONTH	4- 8-	AR 2b	10:45 M
3	SEX	4 RACE	5 DATE O		YEAR	6 AGE (IN YE	ARS ( AST BIRTHDAY)	IF UNDER 1		UNDER 24 HRS
	male	caucasian	4	22	1922	63	YR			Mire.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	X NEVER	MARRIED -	9 BALTIMOR	E CITY OR COU	TY OF DEAT	TH	
	Maryland	USA	WIDOWE		IVORCED		10/007	-		MD
10	CITY OR TOWN OF PEATH	11. NAME OF HOSPITAL, NURSING		ROTHER INS	TITUTION	12a USUAL O	CCUPATION FOR MOST OF WORKIN			USINESS OR
	Easton		Sp.Ta	/ AT	Easto		cutive			Bus.
U: 13	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d. INSIDE O	ITY LIMITS?		DDRESS / ZIP CO			
N	Maryland Tal	bot Easton		YES 🗌	ио Х	Rt.1	Box 200		01	
14	FATHER'S NAME	MIDDLE LAST		15. MOTHER	S MAIDEN NAM	WE	MIDDLE		LAST	
9	F. Bowi		c.	]	rma		MODIL	Rabl		
160		MED FORCES? 166 SOCIAL SECUI	RITY NO	17 INFORM	ANT		ADDRESS			
L	YES 1942	-1945 215-14-7	7758	Eliza	abeth B	K. Smi	th see	e 13e		
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane couse per lipe far (a), (b), and		-	1 1			BET	PPROXIMA WEEN ONS	TE INTERVAL ET AND DEATH
		TE CAUSE (a) Clon in	aln	4	-hui	me	FILE SE			

YES	1942-1945	£15-14-//58].	Elizabeth	K. Smi	th see	13e.
PART I. DEATH W.		er lipefor (o), (b), and ic	1 - Lu	due		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, gave rise to imm couse (a), stotini underlying cause	which ( ib)_	OR AS A CONSEQUENCE OF	two her		meumon	as I WEEK
PART 2 OTHER SIGN	E Chidd	CONTRIBUTING TO DEATH BUT N E CEND LY LA	OT RELATED TO THE T	ERMINAL DIE SE CE LOS	Parcois -	PRESIDENCE LINES
210. ACCIDENT WAS UND		OF INJURY A.M. MONTH DAY YEAR	21c HOW INJURY OCC	YES CURRED (ENTER NATU	OF YES	

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

P.M 21e PLACE OF INJURY TAT HOME STREET, FACTORY, OFFICE, FARM ELC

e deceased fram

21f LOCATION

CITY OR TOWN

COUNTY STATE (aur) opinion death occurred an the date and haur and fram the causes stated

22c. DATE

220.1 certify that (1) (this haspital) ottended

DEGREE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

should be detached far use as the burial-tronsit permi with the State Dept. of Health and Mental Hygiene pri MPORTANT. BP.

O FUNERAL DIRECTOR

cremation

24 FUNERAL DIRECTOR

236. DATE 9-7-85

23d LOCATION Salisbury Crematory

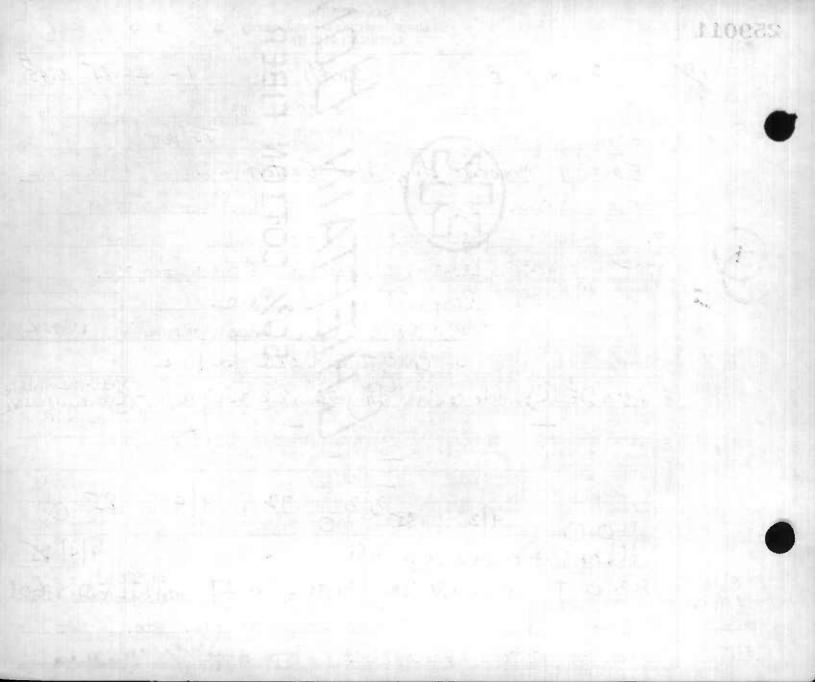
STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Newnam Funeral Home

Easton, Md.

Sals. Wic. Md.
BY REGISTRAR'S SIGNATURE



STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARIM		ICATE OF DEATH	REG. N	).	4 6.	
	CEASED NAME	FIRST	M	IDDLE	L.	AST	20 DATE OF DEATH	MONIH	DAY YEAR	2b HOUR
		Hie			Su	lin		9-	19-85	11 84
3 SE:	X	4 R	ACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	IF UNDER 24 HRS
1	Female		White		Dece	mber 28, 1911		YRS		MIN.
	RTHPLACE (STATE OR FIL	7b.	CITIZEN OF V	VHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
Br	eston, Md.		D.S.A		WIDOWE	DIVORCED	Tall	TOC		MD.
10. C	ITY OR TOWN OF DEA	TH. I'M		IOSPITAL, NURSIN FACILITY, GIVE STREET		R OTHER INSTITUTION	126 USUAL OCCUPATE			F BUSINESS OR
-	Faston		me	morid	IH	16tigac	Housewife			Home
130.5	AL RESIDENCE OF NURSU STATE Lrvland	Carol:		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Preston		13d INSIDE CITY LIMITS?	Rt. 2. Box			655
28. F	ATHER'S NAME				1111	15 MOTHER'S MAIDEN NA			97	
I	homas Jame	s Lord	310	LAST		Estella Mes	MIDDLE		LAS	ī
	VAS DECEASED EVER!			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	2165	55
	YES, NO OR UNKNOWN)	(IF YES GIVE WA	R OR DATES	578-48-7	370	Temple W.LOr	d, Rt. 2, E	ox 1	53, Pres	ston, Md.
7	Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediate g the last	DUE TO, OR  1b)  DUE TO, OR	AS A CONSEQUE  AS A CONSEQUE  AS A CONSEQUE  MIRIBUTING TO D	NCE OF	na Colo	,	2 cf	VEN IN PART TO	
CERTIFICATION	19e DATE OF OPERAT	ION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A 21e PLACE O	A. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	YES NOL		ES [] PART I OR PART 2)	NO [
ME	WHILE NOT WHI	E		ET, FACTORY, OFFICE, FA	RM. ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (I) ( sow the decease abave, (I) (was	d alive an	SIM	16 193	Mar.	d that in (my) (aur) apinion (	death accurred an the de	ate and ha	ui and from the	that (I) ( last causes stated
	226. SIGNATURE	hoty	Ja-	11	-		MEDICAL STAI	F IAN []	2054	SIGNED -
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use with the State Dept of HeallimPORTANT. If hem 21 is m TO FUNERAL DIRECTOR

Framptom-Hawkins Funeral Home, 216 N. Main Sisteman

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TO BIRTHPLACE ISTATE OR FOREIGN

CITY OR TOWN OF DEATH

TYPE OR PRINT

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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5 DATE OF BIRTH

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76 CITIZEN OF WHAT COUNTRY?

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INDUSTRY

REG. NO.

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH

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BALTIMORE, MARYLA

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de returned by the houpital or attending physician				
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	STATE larvland	Wicom:		Sharptown	13d INSIDE CITY LIA		STREET ADDRESS /		1	
-	FATHER'S NAME			,	15. MOTHER'S MAID		Luylor D.	2.72010.	_	
0	Rev. Fred	erick		d Truitt	Mary		MIDDLE	And	erson	
160	WAS DECEASED EVER			SOCIAL SECURITY NO.	17 INFORMANT		ADDRE			7
1	NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	14-32-5354	Mrc M	Tron	Truitt		/	
H	18 CAUSE OF DEAT	4.5.4			THIS. H.	TTEIR	e IIuIcc		APPROXIMATE II	
	PART I. DEATH W	AS CAUSED BY:		males -	.+		POTAL ST		EJWEEN ONSET	AND DEATH
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12	Canditians, if any,		(b)	-						
	underlying cause		DUE TO, OR A	S A CONSEQUENCE OF						
			(c)							
z	PART 2 OTHER SIGN	IIFICANT CONE	DITIONS CONT	RIBUTING TO DEATH BU	NOT RELATED TO TH	E TERMINA	al disease or cone	DITION GIVEN IN I	PART IIa	
CERTIFICATION	19a DATE OF OPERAT	LION I	MA COMPUTE	N FOR WHICH OPERATION	ALLMAN DEDGODOS		20a AUTOPSY?	Table 15 VES WIEDS	Chippings:	
	190 DATE OF OPERA	ION	198 CONDITIC	IN FOR WHICH OPERATIO	ON WAS PERFORMED			206. IF YES, WERE		
1 🖺	BA ACCIDENT MAS MAIN		SN TIME OF I	THIRV	Tal. How bulley		YES NOX	YES [		
	HOUR AM MONIH DAY YEAR								PART 2)	
EDICAL	(IF EITHER NOTIFY MEDIC		P.M.	19						
	21d INJURY OCCURR		21e PLACE OF	INJURY FACTORY, OFFICE FARM ETC	211 LOCATION STREET		CITY OR TOV	vn co	UNIY	STATE
-	AT WORK AT WOR	KK L	F (6)							
	220.1 certify that (1) (this haspital) attended the deceased from 4-20 19 62, to 9-24 19 55 that (1) (methost saw the deceased alive an 9-23 19 55 and that in (my) (our) opinion death accurred on the date and hour and from the couses stated									
	above, (1) (we) (a	lid) (did not) viev	w the bady afte	er deoth.		pinian dea	ith accurred an the da			
	226 SIGNATURE	+1	0	00	DEGREE	NING 4	MEDICAL STAF		. DATE SIGN	
	V	Upren	1.	Canel N	PHYSIC		DIRECTOR PHYSIC		9-24-8	
	22d. PHYSICIAN'S NA			M(D)	22e ADDRESS	! -	T T		r.1	
L	Stephe	n P. C	Jarney	, M.D.	Dutenin	an s	Lane, Ea	aston, I	Ma.	
230	BURIAL, CREMATION,	The second second second	b DATE		CEMETERY OR CREMA		23d LOCATION	Ý OUN	T V	STATE
	urial	9	9-27-8	5  Fireme	n's Ceme		Sharptor	wn Wic	. Me	
24	FUNERAL DIRECTOR			ADDRESS		Sa DATE RI	EC'D. BY REGISTRAR			
	Newnam	Funera	al Hom	e Easton	, Md.	SEP	47 1985	Gistia David	oon-Hark	TABL.

DHMH - 16 60M 7/84 (VRA 15, 4)

5 1	FOR - STATE REGISTRAR		STATE OF MARYLAND T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	26730
	ECEASED NAME Alice	WIDDIE	Warrick	20 DATE OF DEATH	1-9-85 10.05 N
3.5	omol	RACE	DATE OF BIRTH  MONTH  DAY  YEAR  22  69	6 AGE LINYEARS LAST BIRTHE	YRS
19%	7b.  COUNTRY)  7b.	w	MARRIED NEVER MARRIED IDOWED DIVORCED	9 BALTIMORE CITY OR Talb	O +
18	Easton F	NAME OF HOSPITAL, NURSING H		128 USUAL OCCUPATION	
USI 13a	JAL RESIDENCE (IF NURSING HOME OR OIL	HER INSTITUTION GIVE RESIDENCE BEFORE ADM	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	(IP CODE 922/68)
00	ATHER'S NAME PIRST PIRST AND MID	Jahns-	Loffie	ME	Yaun 9
medical 16a	WAS DECÉASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W		15 Arnita	ADDRESS	Adoms-
otic event, th	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (	AUSE 10) Johns	C,VA -	Lest	APPROXIMATE INTERVAL BETWEEN ON HE AND DEATH
other troum	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENC			
injury, or	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to dea</u>	TH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATIO	196 CONDITION FOR WHICH OP	ration was performed		NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
- / //	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR 19	RED (ENTER NATURE OF INJURY)	N ITEM 18 PART I ORPART ?)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JAT HOME STREET FACTORY OFFICE FARM.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
:	270.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) and not very	9/9/1985	ond that in (my) (avr) opinion	death occurred on the date	ond hour and from the causes stated
	PSiaco X	le Mi	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	NO 995
7	Paredo I	MD solution	220 ADDRESS 503 Dutch	No 0 1 5 1 00	05 cslan 14012

231 NAME OF CEMETERY OR CREMATORY

To gen.

Easton,

Md.CF

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

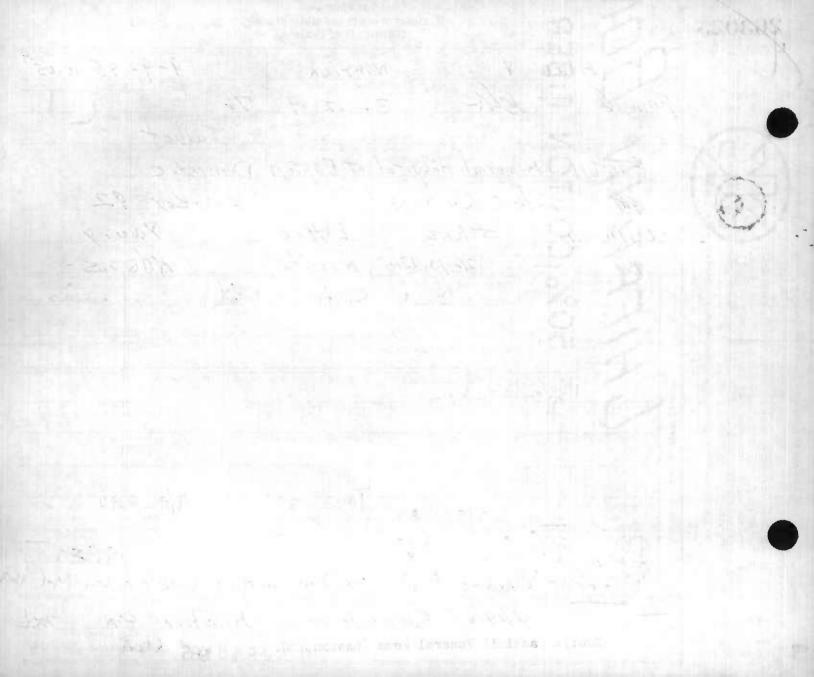
Md. SFP 16 1095 Julia Davidson—Randall

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, GREMATION

236 DATE

24 FUNERAL DIRECTOR George Dashiell Funeral Home



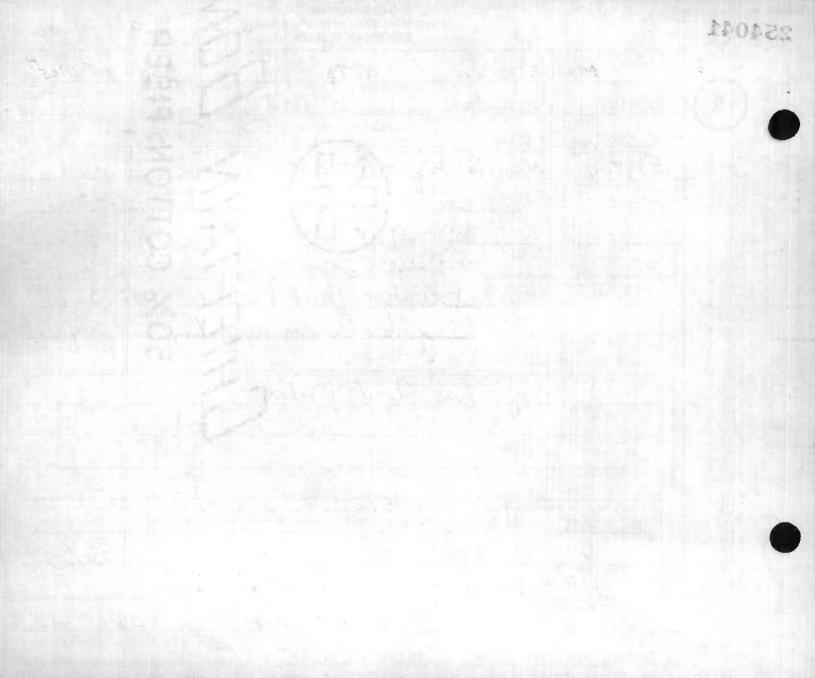
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6

DIVISION OF VITAL RECOKDS, 201 W. PRESTON SI., BALLIMOKE, MAKTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR, After this certificate hos been signed by the ottending physician and resibilities. This this should be detached for use os the burial transit permit. Then please remove carbonoopers. Pages, and Sharial Halling with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, ar removal, are removal. WMPORTANT: if them 21 is marked or teen 18 shows any injury, or other traumotic event, the medical	
- 0	rs ofter de	Dy the to	7

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DHMH - 16 60M 7/84
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		REGISTRAR		REG. NO.										
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'n		RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	□ NEVER		9 BALTIMORE	CITY OF CO		DEATH		
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1	160 V	VAS DECEASED		MED FORCES?	16b, SOCIAL SE	CURITY NO.	17 INFORM	ANT	The state of	ADDRRE				
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		PART I. DEA	TH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	chy	10 ho	e /H	Park 1	aller	el	12	2	yr.	
		97			OR ASTISCONSE	DIENCE de	0	A	9-13-4	10			0	
		Conditions, if		(b)_	Inc	destar	e CN	rdior	my Myzi	My		5	y	P
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	,	PART 2 OTHER	SIGNIFICANT	CONDITIONS	CONTRIBUTING 1	O DE ATH BUT	NOTRELATE	TO THE JERM	INAL DISEASE C	OR CONDITIO	on Given	IN PART 1	a	
	CERTIFICATION		U	roque	some	len	of 1	Gilm	l					
	ICA	190 DATE OF OF	PERATION	196 CONI	DITION FOR WHI	ICH OPERATION	WAS PERF	DRMED	200 AUTOPS			VERE FINDI	NGS USED OF DEATH?	
	RTIE			3 40 7005	OF WILLIEV		In traver	10100 00000		10 <b>X</b>	YES (		NO 🗌	
7		210. ACCIDENT WA	CAUSE OF DE	110000	OF INJURY A.M. MONTH	DAY YEAR	71c HOW II	AJURA OCCURE	RED (ENTER NATUR	RE OF INJURY IN	ITEM IS PART	OR PART 2)		
	CAI	(IF EITHER, NOTIF	Y MEDICAL EXAMINE	R)	P.M.	19								
	MEDICAL	21d INJURY OC			E OF INJURY STREET, FACTORY, OFFI	CE FARM ETC )	21f LOCATI		(	ITY OR TOWN		COUNTY	STATE	E
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					the deceased from		10	. 19	107	1	. 196	34	that (I) (we)	
		above, (1) (	eceosed alive or wer (did) (did no	ot) view the bod	y after deoth.			(our) opinion (	death occurred o	on the date o	nd hovi ai			3
		22b. SIGNATUR	E	ull,	000	7	DEGREE	ATTENDING	MEDICAL	STAFF		22c. DATE	SIGNED	
		and Bully Court	J.V.	NW	cocc	h *	-10	PHYSICIAN E	DIRECTOR			17/4	105	
		22d PHYSICIAN	A M L	PRINT)	2		22e ADDRE	CACH		000				
			VV	1 1/08	OU			[747]	0/\	via				
	- 1	URIAL, CREMAT	ION, REMOVAL	9-7-		T.T d			23d LOCATH	TOWN	m a	QUNIY	STATE	E
	_	Burial	DP.	19-1-	0)	Windy	Hill	Cemete	-	appe		bot	Md.	
2	24.70	NAME		. 1	ADDRES	S	. 361	OCF	E RECE BY REG	C) (	RE GISTRA	K.S SIGNA	ALLES.	
		Newnan	Funer	cal Hor	me	Eastor	1, Md							



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO 277023 I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E S FOR YOUR FILES.
D WITHIN 72 HOURS Kobert 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH IF UNIDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED Nov. 14. 1911 Male White DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY! Providence, Md. WIDOWED DIVORCED 12ª USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Purchasing Sun Oil. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136. COUNTY 13c CITY OR OWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Oxford Talbot World Farm Road Maryland YES [ NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Lillian Stewart David Wherry 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS IYES, NO. OR UNKNOWN) 1 (#FYES, GIVE WAR OR DATES) Buth S. Wherry, World Farm Rd., Oxford, 18. CAUSE OF DEATH (Enter only one couse pe BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) THE CHIEF A JID BE USED A AENT OF HE TO BURIAL, ( 19s. DATE OF OPERATION 16 AUTOPSY? THE HOW INJURY OCCURRED HAVE HATURE OF HILLER HATEM TE PART I DRIVART 2 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STABALLINORE, MARYLAND, 2 220. I certify that I took that ge at the remains described above, held on Autopsy Inspection A death resulted from Antural couses # Undetermined monner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) MIchaels. 21663 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY Sept. Bethel Cemetery 07/84 BP Federalsburg, Caroline. 25M 4. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP **DHMH - 17** (VR A15 ME (5))

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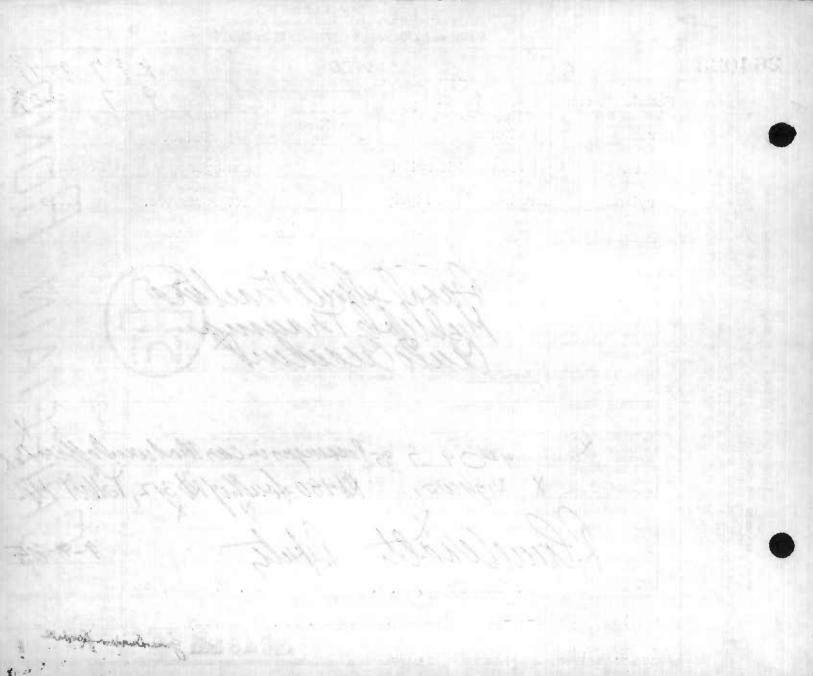
DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE 254075 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED ORA EIMON WILKINSON 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR DATE LAST BIRTHDAY PRONOUNCED 4 15 1895 90YRS DEAD female caucasian Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA WIDOWED X Talbot Wisconsin DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Housewife Rt.5 Box 318 Easton SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d | INSIDE (ITY LIMITS? | 13e STREET ADDRESS | No X Rt.5 Box 318, Easton, Md. 30 STATE 13c. CITY OR TOWN Talbot Maryland Easton 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST Eckern Peter Eimon Josephine 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS. 5 Box 318 (YES, NO, OR UNKNOWN) 53-36-2183 Peter B. Wilkinson Easton, Md 18 CAUSE OF DEATH (Enter only one couse per like for BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED WHILE AT WORK and in my opinion Inspection 1 death resulted fra ACTUAL SIGNATURE EXAMINER'S NAME R. Lane Wroth, M.D. (TYPE OR PRINT) 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE cremation Salisbury Crematory Salisbury Wic BP 24 FUNERAL DIRECTOR **DHMH** - 17 Newnam Funeral Home Easton, Md. SEP (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGSENE - STATE MEDICAL EXAMINER'S CERTIFI REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 264023 (TYPE OR PRINT) ESTI-DEATH MATED Won 4 RACE 3 SEX S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 6 Female Asian DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED FOREIGN COUNTRY) Korea Korea Talbot WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Memorial Hospital Manager Grocery Easton 13a STATE Ridgely 134 MINUSTER ADDRESS Caroline 21660 207 Park Ave. Maryland 15 MOTHER'S MAIDEN NAME MIDDLE Kim Soon Hee Nam Bano 7 INFORMANI IBB SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Chang Woo Ridgely, MD 215-92-2131 18 CAUSE OF DEATH (Enter only one couse per APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a) stating the under-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION E DEPARTMENT OF HE 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES ] 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH NOT WHILE AT WORK AT WORK held on Autopsy Inspection and in my apinian death resulted t MEDICAL EXAMINER EXAMINER'S NAM St. Michaels, MD R. Lane Wroth, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 9-10-85 Meadowridge Mem. PK. Burial Dorsey Howard MD 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) John E. Boulais Greensboro, MD

STATE OF MARYLAND



						STAT	E OF MARYLA	ND					
	1.	FOR STATE REGISTRAR			DEPA		FICATE OF D		0 3	2 G. NO.	6 /	3 6	
	1 DECEASED NAME FIRST			MIDDLE			AST		20. DATE OF DEA	H MONTH	DAY YEAR	26 HOUR	
10		Phy	1/15		14		Woth	ers	12-1-6-2	9-5	- 85	8:15 N	
TO	3. SEX 4			4 RACE			MONTH DAY YEAR		6 AGE (IN YEARS LA	ST SIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS	
	Female			White		1	1 31 53		32	YRS			
26	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76 CITIZEN OF WHAT COUNTRY?			D NEVER A	AARRIED -	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH		
2	Maryland 10 CITY OR TOWN OF DEATH			USA 11. NAME OF HOSPITAL, NURSING		WIDOW		ORCED	12a USUAL OCCUPATION 12b.			ME OF BUSINESS OR	
18 north		Easton	11	LEMOY	10/ H	Spital	1 at E	aston	Homema	OST OF WORKING L			
35	130 5	AL RESIDENCE (IF NURSING STATE	Caro		GIVE RESIDENCE BE	OWN	13d INSIDE C	ITY LIMITS?	P.O. B		Œ	21636	
Jan L	14. FA	ATHER'S NAME FIRST	MIDI	DLE	LAST		15 MOTHER'S	MAIDEN NAM	NE MIDE	)tE	LA	c†	
DU	William Ross			Cahall,	Sr.	Vi	Virginia		Gre		eson		
dicol dicol	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN) [18 YES, GIVE WAR OR DATES]			166 SOCIAL SECURITY NO. 17 INFORMANT				DDRESS	ш				
8	_no				216-64-9497			David Wothers C			oldsboro, MD		
th, th		18 CAUSE OF DEATH (8 PART I. DEATH WAS	A / I - 1	1 1	Cina		I b	in /	BETWEEN	ONSET AND DEATH			
ic eve		IMMEDIATE CAUSE (0). 14 Most the Concernoria of Melash. 14 mos											
umaî		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which ( ib)											
er tro		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
o to		underlying cause		Note of the control o									
ony injury. o	NO.	PART 2 OTHER SIGNIFI	CANT CON	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION GI	VEN IN PART 1	0	
	IFICATION	190 DATE OF OPERATION 196. CC			CONDITION FOR WHICH OPERATION			N WAS PERFORMED				ES, WERE FINDINGS USED	
how	CERTIF						1		YES NO	Y	ES 🗌	№ □	
8 a		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		11b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)		
r Hen	MEDICAL	(IF EITHER NOTIFY MEDICALE	XAMINER)	P.		19	211 LOCATIO	N.					
o pe	ME	WHILE IT NOT WHILE		(AT HOME STR	REET, FACTORY OFFI	CE FARM ETC }	STREET		CITY	ORTOWN	COUNTY	STATE	
mor	-3	220.1 certify that (1) (thi	s hospital)	ottended th	e deceosed fro	m	1	19 84	10 9	5	1983	that (1) (we) last	
21 is		sow the decrased above, (I) (we) (did)	live on	9/3	10		nd that in [my]	(aur) apinian d	eoth occurred and	he date and ho	ur and from the	, , ,	
If hem 2		226. SIGNATURE	DEGREE					The DATE	SIGNED				
±	70	W.	Woo				MEDICAL STAFF DIRECTOR PHYSICIAN						
MPORTANT		220. PHYSICIAN'S NAME	N H	Was	od		22e. ADDRES	ASTO	N, M	V			
3 7	23a E	BURIAL, CREMATION, REA	MOVAL	236 DATE	2	3c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE	
-		Burial		9-7-	85	Mt. Oli	ve Cem		Felton		Kent	DE	
A 7/B4	24 FI	UNERAL DIRECTOR	1		ADDRES			250. DATE	REC'D. BY REGIST	RAF 75b. REGIS	TRAR'S SIGNAT	TURE	
John E. Boulais Greensboro, MD RFP 13 1983											WILL THE PROPERTY OF THE PARTY		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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The sale may